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ABSTRACT

This is the second report evaluating Project Education and Community Development, a project which was conducted in largely Islamic Jewish, disadvantaged neighborhoods in Ofakim, Israel. Part I describes the project's background, aims and objectives, intervention strategies, and implementation phases. Part II consists of an evaluation of the project's components from January through June, 1981. Three programs are discussed separately: (1) the EMRA Home-Intervention Programme, a community based program for mothers of infants and toddlers living in relative social isolation and possessing little awareness of the importance of providing their children with a stimulating and enriching home environment; (2) a program which set up play corners in several pediatric clinics; and (3) the Neighbourhood Centre Programme, a program which opened centers for parent education and early childhood education enrichment. Appended are the various interview and assessment instruments used to evaluate the project. (GC)

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BEN GURION UNIVERSITY OF THE NEGEV

PROJECT EDUCATION AND COMMUNITY DEVELOPMENT

OFAKIM, ISRAEL

EVALUATION REPORT

FOR THE PERIOD
JANUARY - JUNE 1981

The .h.h.Humphrey Center For Social Ecology.

The Unit For Projects Evaluation.

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PROJECT EDUCATION AND COMMUNITY DEVELOPMENT

OFAKIM, ISRAEL

EVALUATION REPORT

FOR THE PERIOD JANUARY - JUNE 1981

Prepared by:
Miri Levin-Ronsalis

The Hubert Humphrey Centre
for Social Ecology

TABLE OF CONTENTS

	Pages
I. INTRODUCTION	
A. Background	1
B. Aims and Objectives	2
C. Intervention Strategies	3
D. Project Development - Phase I	4
E. Project Aims and Operations - Phase II	5
II. EVALUATION REPORT - JANUARY-JUNE, 1981	
A. Introduction	7
B. The EMRA Home-Intervention Programme	7
C. The Play and Parent Guidance Corners in the Pediatric Clinics	36
D. The Neighbourhood Centre Programme	49
III. APPENDIXES	
Appendix I - Home-Visit Report Form	70
Appendix I A - Demographic Data Questionnaire	71
Appendix II - Denver Development Screening Test	72
Appendix III - DARCEE Educational Needs Assessment Inventory of Parent Behavior	73
Appendix IV - Para-Professional Counsellors' Self-Assessment Questionnaire	78
Appendix V - Supervisor's Assessment Rating Scale	80
Appendix VI - Mothers' Self Image Rating Form	82
Appendix VII - Evaluation Programme. Phase II (1981-83)	84
Appendix VIII- Evaluation Form for Video-taped Activity in Clinic Play-Corners.	92
Appendix IX - Evaluation Form for Video-Taped and Observed Activities in the Neighbourhood Centres	94

November 2, 1982

This evaluation report is actually the second report evaluating Project Education and Community Development. However, it is the first report prepared by the Unit for Project Evaluation at the Hubert H. Humphrey Centre for Social Ecology at the Ben Gurion University of the Negev. This unit was established in the aforementioned Centre in 1981, with the financial assistance of the Bernard van Leer Foundation of the Hague, Netherlands.

The Unit for Project Evaluation was established to meet an old but neglected need: the professional evaluation of social projects in communities and organizations. A university-based evaluation Centre can be expected to provide project directors in particular and social entrepreneurs in general with the resources and skills required for the evaluation of ongoing or completed projects.

Project Education and Community Development in Ofakim is the first project to be evaluated by the Unit for Project Evaluation. In effect, it is this project which provided the impetus for the establishment of the Unit, and which served both as a starting point and a training arena. We believe that the experience gained in evaluating Project Education and Community Development is expressed in the present report, in which we are able to avoid and overcome some of the problems which beset us in preparing the first evaluation report.

The second evaluation report presented herein has already served the needs of the project team in its activities in the community, providing it with information and feedback on various aspects of project operations necessary for the improvement of those operations.

Our knowledge and understanding of evaluation increases as we gain experience as evaluators. This report is a partial but substantial indication of the fact that performance improves through systematic practice.

A. Ben Porat
Director
The Unit for Project Evaluation

I. INTRODUCTION

A. BACKGROUND

Project Education and Community Development is a joint project of the Institute for Education and Community Development of the Negev Regional College and of the Ofakim Municipality. The project is sponsored by the Bernard van Leer Foundation of the Netherlands and enjoys the support of various local organizations, such as the Social Betterment Project of the Ministry of Education, the Amigur housing authority of the Jewish Agency, the United Kibbutz Federation, Project Renewal, and the Association for the Advancement of Health and Welfare Services in the Negev.

The project, which began its operations at the beginning of 1978, is situated in Ofakim, a development town in the Northern Negev Region of Israel. Ofakim is typical of the 'new towns' established in underdeveloped parts of the country in the early '50s, to absorb the mass immigration of Jews from the Islamic world; over 90% of its 11500 inhabitants originate from the traditional societies of this part of the world: North Africa, Iran, Iraq, Yemen, Kurdistan, India. The town suffers from all the problems which typify those communities in the economic, social and educational spheres. With textiles as the main local industry, available local employment has been primarily unskilled and ill-paid, with resultant out-migration of young people. Social stagnation and concomitant reluctance on the part of the trained and educated people to settle in the town are the consequence. This has further exacerbated dependency on outside agencies and"experts" for the maintenance of the necessary social and educational services, which the population had been ill-equipped to run for itself. Over 50% of the population is under the age of 18; these children as well as the schools which they attend are classified as 'disadvantaged' by the Ministry of Education.

The attenuation of parental authority and traditional norms has further contributed to the parents' sense of powerlessness and impaired self-image. These factors, when combined with the general cultural impoverishment of the home environment provide all the conditions for the perpetuation of disadvantage.

B. AIMS AND OBJECTIVES

The project is engaged in developing a comprehensive and integrated programme of community-based, child-centred educational activities serving also as a lever for overall community development. The active participation of parents in various activities relating to education of their young children is the principal means towards the realization of this aim.

In its various programmes the project seeks to illustrate the following proposition:

a) that education can serve as a formidable lever for community development, if it is participative, relevant to the community's needs, and welded to a community programme embracing all potential change-agents;
b) that the child's innate potential can best be realized through the integration of all the elements of his world: family, school, peer-group and community into an interactive whole - an educational ecology;
c) that effective community development and viable community life depend on the active involvement of community members and on their self-functioning.

The project set itself the task of developing structures which would help the community to decrease its dependence on outside assistance in essential spheres of community life, improve its ability to solve its problems through reliance on its own resources, enhance its members' self-esteem and improve the quality of life in the community.

The community's active involvement and participation in the education of its children were chosen as the means for the realization of these objectives. No less, the community's (and ipso facto, the parents') active involvement and participation were regarded as the most effective means of improving the overall quality and effectiveness of its children's education and of enhancing their life-chances. In making this assumption, the project relied on the accumulated evidence of research and experimentation throughout the world pointing to the crucial role of the parental and home environment, above and beyond any contribution which can be made by formal educational frameworks, in the education of the child and the realization of his potential.

C. INTERVENTION STRATEGIES

The above-stated objectives shaped the project's intervention strategy: participative and supportive rather than directive. From the onset of project operations, representatives of the community participated as active partners in all phases of project development and implementation. The training of local people to run project activities became itself an objective, as well as proving to be a most effective means to an end, insofar as these local workers served as role models for the community-at-large.

The main thrust of project activities has been in the direction of the prevention of deprivation, rather than compensation for its deleterious effects. This means in effect reaching the child via the parent and assuring that the home - the child's first 'school' - provides better conditions for his overall development - emotional, social, and moral no less than cognitive. In keeping with the project's humanistic worldview which believes all people to have within them the potential for growth and development, the project has attempted to integrate rather than segregate for special treatment the problem family and the high risk child into supportive educational settings where adults and children can learn from each other and not only from 'experts'.

Similarly, the community is encouraged to develop and rely on its own resources: local women trained by the project activate groups of parents and children, who are encouraged to assume responsibilities and play an active role in various educational and community programmes in the neighbourhoods; parents are encouraged to play and active role in their children's education.

D. PROJECT DEVELOPMENT - PHASE I

During its first phase (1978-1980), the project developed an integrated network of community based educational programmes:

1. Two multi-purpose neighbourhood family centres in the Eli Cohen and Ben Gurion neighbourhoods, providing a wide range of activities for parents, toddlers and children from age 3 to 8.
2. The EMRA home-intervention programme for mothers of infants and toddlers ages 0-3, which combines weekly individual counselling sessions by para-professional home-visitors with group activities and which is designed to guide parents towards more effective modes of parenting and familial and community life.
3. Workshops for kindergarten teachers guiding them in the activation of parents in the life of the kindergarten and in organizing programme and projects with parents.
4. Play and parent guidance centres in the pediatric and well-baby clinics, where para-professional counsellors demonstrate to mothers how to interact with their children so as to provide them with necessary stimulation, counsel them on child-rearing practices and demonstrate how to utilize every-day found materials to make toys for their children.
5. A 'Preparation for Parenthood' programme , aimed at new and inexperienced parents, developed in cooperation with the clinics' professional staff.
6. Organization of parents committees and activities for parents in elementary schools.
7. Training of teams of local women as para-professional educational and community counsellors to staff the project's various programmes.

../5

During the last year of Phase I (1979-1980), the main thrust of the project was towards increasing the degree of responsibility and self-functioning of the projects' para-professional staff and participants, in the attempt to decrease dependency on the professional staff and inculcate patterns of self-reliance and independence.

These aims, as well as the awareness of the need to develop autonomous community structures which would eventually be capable of sustaining the project independent of the support of the Bernard van Leer Foundation , led to the establishment of the Association for Education and Community in Ofakim in April 1981. The executive committee of this body, four-fifths of whose members are from Ofakim (representatives of the Local Council and of the Ofakim Community Centre's Board of Directors) is now responsible for all aspects of project administration.

E. PROJECT AIMS AND OPERATIONS - PHASE II (1980-1983)

During Phase II the project is attempting to consolidate its achievements in the direction of implementing the overall project aims outlined earlier on, and to continue in the development of structures and activities translating its approach to community and education into educational practice. Ultimately the project hopes to develop a comprehensive model for community-based education and development, integrating the various community-education programmes into an inter-locking whole, with programmes re-inforcing each other at the horizontal level (i.e. early childhood programmes in the clinics, at the neighbourhood centres, in the home) and feeding into each other vertically (parent involvement in the home, in the kindergarten, in the school), so as to create both a network and a continuum of community and parent involvement in education.

A key challenge is the institutionalization of project activities: the acceptance of innovative programmes by the community as integral components of community life are a pre-condition on which the ultimate viability and continuity of project activities depend.

.../6

Growing community involvement in planning and implementation, both at the staff and the participatory levels, as well as the assumption of increased responsibility by statutory authorities for project operations resulting from the establishment of a joint administrative framework will, it is hoped, ultimately lead to community responsibility and control of the project.

A number of new programmes, broadening the project's scope both geographically and operationally, have been developed during the first year of Phase II:

1. A new neighbourhood centre in the Remet neighbourhood.
2. An early-childhood resource and guidance centre, providing resource materials, especially didactic games and educational aids, workshops, and inservice training for early childhood educators and parents.
3. A centre for teen -age girls.

Within the framework of Project Renewal which Ofakim is included in as of 1981, further expansions of project activities are anticipated.

II. EVALUATION REPORT - JANUARY - JUNE 1981

A. INTRODUCTION

This report concerns itself with the three major programmes of Project Education and Community Development, and their operations during the period from the beginning of Phase II of the project on January 1, 1981 to the end of the school year on June 30, 1981. Since the operational project year begins with the opening of school on September 1, future reports will be based on the operational year i.e., September - June. Overall project operations will thus be evaluated in the report for 1981 - 1982.

B. THE EMRA HOME-INTERVENTION PROGRAMME

1. Description of the EMRA Programme

EMRA (an acronym made up of the Hebrew words "Ima" - mother - and "Morah" teacher) is a community-based home-intervention programme for parents of infants and toddlers (0-3), aimed specially at housewives living in relative social isolation and possessing little awareness of the importance of providing their children with a stimulating and enriching home environment. The programme, which combines weekly home-visits by para-professional counsellors with group meetings and activities at the neighbourhood family centres, guides parents towards more effective modes of parenting and family life and encourages them to participate in the life of the community. The parents are helped to recognize and exploit educational opportunities present in the environment and in every-day situations and to provide their children with adequate stimulation through utilization of resources available in the home, simple toys (often home-made), games, songs, stories, etc. The programme stresses the role of the mother as the child's first teacher and encourages her to adapt her priorities and behaviour to fit that role.

By gradually reducing the emphasis on individual guidance and stressing greater involvement in group activities with other parents and children in the neighbourhood family centre, the programme avoids undue dependency on the professional and para-professional staff of the project and sets in motion a process of active participation in community and neighbourhood affairs.

A core programme of sequenced activities appropriate to the age and developmental level of the individual child is informed by a holistic approach. Activities are geared to stimulate the child's development in different areas - cognitive, social and emotional, and motor. The programme stresses the active involvement of the parent with the child, with special emphasis on verbal interaction. Each home-visit is structured around a specific activity, combining the use of home-made toys, materials found in the home, and store-bought toys which serve as prototypes whose purpose and function are explained to the mother who is then encouraged to explore further possibilities and improvise and create her own games and toys.

Initial contact with the families is established by the programme's supervisors. Families are often recommended by the "Well-Baby" Clinic or the social welfare services. However, more and more families are approaching the programme directly with a request to join.

The para-professional counsellors working in the EMRA Home-Intervention Programme are trained locally by the project's professional staff at a special course of five weeks duration. After completing the course, each EMRA counsellor is assigned to ten families, whom she visits weekly for a period of an hour's counselling. Each visit is structured around a specific activity geared to the child's level of development. The counsellor is guided in her work by a professional supervisor with whom she meets in weekly sessions of an hour and a half's duration. Similarly she participates in weekly in-service training sessions and workshops.

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Each home visit is summarized by the counsellor on a special form designed for this purpose (appendix 1). On this form the counsellor also records the degree of the mother's cooperation and the degree of initiative displayed by the mother during the counselling session. EMRA activities are summarized by the programme's supervisor in monthly and yearly reports, which are circulated among the staff and discussed at staff meetings.

At tri-monthly intervals, the child's development is assessed by the counsellor, using the Denver Developmental Rating Scales (appendix 2). The initial or base-line evaluation is made at the third home-visit. The Denver serves to identify weak areas of the child's development, thus guiding the counsellor in her choice of appropriate activities on which to focus in her work with the mother and the child. Similarly, the counsellor assesses the mother's parenting behaviour and functioning at the end of every eight home-visits, using the DARCEE Educational Needs Assessment Inventory of Parent Behaviour. (appendix 3).

The DARCEE Inventory is designed to assess different aspects of the mother's parenting behaviour. The purpose of this periodic assessment is to guide the counsellor in her work with the mother, reinforcing those areas found to be weak.

Every three months the counsellors fill out a self-assessment questionnaire (appendix 4). At similar intervals, supervisors assess the performance of the counsellors under their supervision (appendix 5).

EMRA ACTIVITIES

ACTIVITY	TARGET POPULATION	N	SITE	RESOURCES: MANPOWER	N	OTHER RESOURCES	TIME	DURATION
home-visits	parents and children	62 families 78 children	family home	para-professional counsellors; supervisors (half-time)	7 2	play materials	once a week 1 hour	up to 3 years
group meetings	parents and children	62 families	project's neighbourhood centres	para-professional counsellors supervisors	7 2	centre facilities	once a month	up to 3 years
individual supervision	para-professional counsellors	7	project's neighbourhood centres	supervisors	2	-----	1½ hrs. weekly	for duration of work
para-professional counsellors' training course	mothers with minimum 10 yrs. education	10	project's neighbourhood centres	project professional staff outside lecturers	5 1	teaching aids	100 hours	5 weeks
In-service training	para-professional counsellors	7	project's neighbourhood centres	supervisors	2	teaching aids	2 hrs. weekly	for duration of work

2. The Target population

The target population of the EMRA programme was defined as parents of infants and toddlers(0 - 3). The programme is especially aimed at housewives living in social isolation with a low degree of awareness of their childrens' needs, low self- image, and minimal community involvement.

a. Selection Criteria for participation in the programme

1. Residence in the Eli Cohen, Ben Gurion or Remet neighbourhood.
2. Child aged 0 - 3, not in nursery care
3. The family does not participate in any other home-intervention programme such as HIPPY
4. Readiness and willingness to participate in the programme and to comply with its demands.
5. The mother is a housewife with a maximum of 12 years schooling.

Neighbourhoods were selected according to need priorities, with well-established and prosperous neighbourhoods excluded. The project was assisted in selecting families for the programme by the recommendations of the staffs of the Well-Baby clinics.

b. Selection process

The programme supervisors and the para-professional counsellors visit the homes of families targeted for the programme, describe the programme and explain its aims. If the mother expresses a desire to participate in the programme, she is assigned to one of the counsellors, who then proceeds to visit her and her child regularly. Recently, a new phenomenon cured, of women approaching counsellors working in the neighbourhood with a request to join the programme. All the families who joined the programme are included in the demographic report.

.../12

c. Distribution of EMRA families by neighbourhood.

Neighbourhood	Number of families	percentage
Eli Cohen	8	12.9
Ben Gurion	19	30.6
Remat	24	38.7
Brecha	11	17.7
Total:	62	99.9

d. Distribution by mother's age.

The age range of EMRA mothers is 19-42. The average age is 27. Half of the women are under 25, most commonly 23.

e. Distribution by year of immigration to Israel (mother).

Year	Number of families	Percentage
1950	2	3.2
1951-1955	6	9.7
1956-1960	8	12.9
1961-1965	19	30.6
1966-1970	5	8.1
After 1970	2	3.2
Native born	20	32.3
Total:	62	100

..13/

f. Distribution by Country of origin.

Country	Number of families	Percentage
Israel	20	32.3
Africa	39	62.9
Asia	2	3.2
U.S.A.	1	1.6
Total:	62	100

In more than half of the families (33 or 53.2%) the head of the family is a manual labourer. Only two families are self-employed (3.2%) and 5 families (5.1%) do not support themselves. The other heads of families work as clerks, army employees, police etc. (20 families or 32.3%). The education of the mothers varies from 3 years of schooling to 12. The average is 9 years, with a mode of 8 and a medium of 9. The education of the fathers is somewhat less, varying from 2 to 12 years (although there was no limitation to the schooling of the fathers as there was for some of the mothers). The average is close to 9, the median 8.6 and the mode 8.

g. Distribution of families according to the number of children.

Numbers of children in family	Number of families	Percentage
1	10	16.1
2	20	32.3
3	13	21
4	9	14.5
5	6	9.7
6	1	1.6
7	2	3.2
9	1	1.6
	62	100

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This year a successful attempt was made to work with the children of two working mothers and the child-minders who cared for them. The high motivation of the mothers, which was transmitted to the child-minders, assured the success of this experiment.

The fact that many Ofakim women are employed in industry which leads to no lesser isolation than that of the housewife, and that many of these women belong to the category of those most deprived culturally and educationally, should form the basis for reconsidering how this population can be effectively reached.

The population, with the exception of the two working mothers, complied with all the criteria. It would seem that the programme is well-accepted by the population. Out of 80 families with whom contact was made, 62 or 77.5% participated in the programme for the duration of the year, a high percentage in comparison with other similar programmes.

Most of the families who dropped out did so because the mother went to work or the family moved to another neighbourhood or town. There was only one case of a family which requested to discontinue the programme because in its opinion it had no need for it.

..15/

3. Evaluation

a. Aims and objectives.

The aims and objectives of the EMRA programme, no less than those of the project in general, are grounded in a specific societal viewpoint, which envisions the individual as active and involved in his community: only an individual who feels himself able and willing to cope with the problems of his community and with his own problems within it can contribute effectively to his community and to his own life.

The programme's aims and objectives ar the declaratory level (as stated in the various documents relating to the programme): the integration of mothers in community activities, the enhancement their self image and the perception of their own abilities - both in their own eyes and in the community's, are based on this societal viewpoint. At the general level, as formulated in the evaluation plan for 1980-1983 (appendix 7) aims are divided into two sections: those directly concerned with the client population (mothers and children) and those concerned with the project itself:

client population: improved parental functioning, healthy and normal development of the child; integration of parents in community activities.

project: institutionalization of the function of home-visitors; development of early childhood curriculum serving project needs.

At the operational level objectives can be defined as follows:

(1) To further the healthy and normal development of the child, according to accepted Israeli norms.
(2) To change the parental mode from passive to active.
(3) To increase the involvement of parents in community activities.
(4) To improve the self-image of the mother.
(5) To institutionalize the role of the home-visiting counsellor as an agent for change and education.
(6) To develop an appropriate curriculum.

The connection between the project's basic world-view and the operational objectives of EMRA stands up to logical examination:

As regards the mother, the intent is, through the guidance of the para-professional counsellor, to improve her parental functioning and as a result thereof, enhance her belief in her ability to influence the child's development and her awareness of the importance of the role she plays therein.

..16/

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The expectation is that as a result of this change in the mother's perception of her ability, her interest and involvement both in the school and in other situations in which her child is involved will be enhanced.

As regards the project, the logical derivation of operational objectives is clear: in order for the project to continue functioning independently within the community and in order for it to be ultimately run by the community, a clear definition of role functions and of curriculum are essential (ie. institutionalization) so as to permit the project to operate effectively independent of the specific attributes of the individuals filling the roles at a given time.

The EMRA programme, no less that the project in its entirety, has a clear educational and societal message. Important questions which must be considered are:

i) Has the attempt been made to transmit this message, and by what means?

ii) To what levels of the project "hierarchy" has this message been transmitted without becoming attenuated?

I will endeavor to answer these questions within the framework of the project evaluation.

b. Evaluation Instruments

In order to evaluate whether the EMRA sub-project achieves the objectives which it set itself, the following evaluation instruments are used:

(1) Current reports

(a) Weekly home-visit reports (appendix 1)	content analysis and statistical data
(b) Monthly supervisors' reports	
(c) Annual supervisors' reports	
(d) reports of mothers' group meetings	

(2) Darcee Educational Needs Assessments Inventory of Parental Behavior: (appendix 3) a questionnaire for the evaluation of mothers' functioning filled out by the para-professional home-visitor every eighth visit - evaluating 6 aspects of the mothers' behavior:

(a) relationship to home visitor

(b) emotional concerns

(c) behavior management

(d) use of language

(e) organization of the child's environment

(f) teaching style

(3) Denver Developmental Rating Scale: (appendix 2) identifies failure in four developmental areas:
(a) gross motor skills
(b) fine motor skills
(c) language development
(d) social-emotional development

(4) Counsellors' Self-Assessment Questionnaire: (appendix 4)
- filled out by the counsellors at tri-monthly intervals - evaluates their :
(a) evaluation of their role and their ability to fulfill it
(b) self-image
(c) level of alienation (powerlessness).

(5) Supervisors' Assessment Rating Scale: (appendix 5) supervisors' evaluation of the counsellors under their supervision, according to 12 traits considered most important for the effective fullfillment of their role in the project: initiative, flexibility, receptivity sensitivity to others, independence, responsibility, written communication skills, verbal communication skills, personal appearance, professional ethics, inter staff relations, work ethics.

(6) Interviews: with counsellors, supervisors, mothers - content analysis.

(7) Observations: of mothers' group meetings, inservice-training and supervision and training course.

(8) Mothers' Self-Image Rating Form (appendix 6)

c. Evaluation findings

Each of the specific objectives was evaluated by one instrument at least, and the following findings were elicited:

(1) To further the healthy and normal development of the child according to accepted Israeli norms

The children's development was monitored by means of the Denver Development Rating Scale (appendix 2). The Denver is a screening test which evaluates the child's development

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fashion
in dichotomic (pass-fail)/in four areas:

(a) gross motor development

(b) fine motor development

(c) language development

(d) social-emotional development.

The Denver Scale was administered twice during the period under consideration. The distribution of the 'failed' population is presented in the following table:

	Only Child or Elder Child in EMRA Programm		Second Child in EMRA Programme	
	N=62		N=16	
	Fail	Pass	Fail	Pass
Year of Immigration to Israel	1956-1970	before 1956 after 1970	before 1960 after 1970	1960-1970
Number of children in Family	4 or more	3 or less	3 or less	4 or more

A child is categorized as 'failed' if he failed in one or more of the four areas of the Denver. It is evident that there is no demographic variable which consistently characterizes the population of failures. (In this table we considered the number of years in the country and number of children in the family. For other demographic variables the spread was even greater.)

The number of failing scores among the younger of two siblings participating in the programme is four times greater than among only children or the elder of two siblings in the programme. (0.83% 'failing' answers among the younger ones as compared to 0.19% among the others.)

In an interview which was held with the home-visiting counsellors we learnt that there is indeed a problem when there are two children aged 0-3 in the family. The older one inevitably gets more attention. Regardless of the age difference between the two, the older one inevitably is more developed and can express himself better. The counsellors themselves are more inclined to work with the older child. The reason is the factor

..19/

already mentioned and also the belief that when the younger child will grow up, the mother will know what to do with him on the basis of her experience with the older one. The problem was brought to the attention of the EMRA supervisors and counsellors so that they could seek a fitting solution.

It is important to point out that out of 14 'failures' on the first administration of the test, 8 got a passing mark on the second test. Four were not tested again, and only two remained with a failing mark, despite the fact that no systematic approach to the problem of the younger child had been adopted.

The explanation is to be found in the fact that the counsellors, who know the children in their care, devoted much time to the child who 'failed' within a certain area of the Denver and indeed succeeded in improving his ability.

(2) To change parental mode from passive to active.

Parental behavior was monitored by means of the Darcee Inventory (appendix 3). The inventory evaluates the behavior of the mother in six aspects:

(a) Relationship to home-visitor.

(b) Emotional relationship to child.

(c) Coping with the behavior of the child.

(d) Use of language.

(e) Organization of the child's environment.

(f) teaching style.

The inventory is intended to give a clearer picture of the stronger or weaker aspects of the mother. The Darcee marks were generally very high. A T-Test measuring the difference between the first and second administration of the Darcee produced no statistically significant differences. The same applies to the correlation of the different parts of the Darcee with each other.

The weekly home-visit reports (appendix 1) provided another direction for evaluation. A content-analysis of some of these reports was made. In order to get a sharper picture and to form an impression of the extremes, each counsellor was asked to select her 'best' and her 'worst' mother.

..20/

The families in both groups were compared according to several measures:

(a) the Darcee results

(b) the Denver results

(c) the percentage of visits on which activities took place (sometime activities do not take place at the time of the home-visit for a variety of reasons, such as illness, guests, absence, etc.)

(d) average degree of mother's initiative, estimated according to the home-visit reports filled out during the period under consideration (appendix 1)

(e) average degree of mother's cooperation (as above)

(f) demographic data (appendix 1 a)

(g) cooperation of the child with the mother and the counsellor (as reflected in the home-visit reports)

(h) success of the child in the required activities (as reflected in the home-visit reports)

The last two categories were rated from 5 = very much to 1 = very little. 10 families were evaluated: 5 'good' ones and 5 'inferior'. No demographic differences were found between the two groups. The exception was in the number of children in EMRA. Among the 'inferior' families four of the five had two children in the EMRA programme, whereas among the 'good' families this was true of only one family.

No difference was found between the two groups' scores in the Darcee Inventory. However, comparison of scores on the Denver scale showed a marked difference between the groups (Denver scores were ranked on a scale from 5 to 1: 5 = succeeded in all tasks; 4 = succeeded in most tasks; 3 = succeeded in half the tasks; 2 = failed in one area or in more than half the task; 1 = failed in two or more areas or in most of the tasks (appendix 2[a].)

Great differences were found in the average scores for mother's initiative and mother's cooperation, as well as for child's cooperation andhis success in activities.

The following table summarizes the average scores of the five families in each group for those areas in which differences were most marked, as well as their minimum and maximum scores in each area.

....21/

	'good' families			'inferior' families		
	X	mini	maxi	X	mini	maxi
average mother initiative	4.3	4	4	2.6	2.3	3
average mother cooperation	4.6	4	5	2.9	2.7	3
average Denver score	4	3	5	2.5	1	4
average child's cooperation	4.7	4	5	3.5	3	5
average child's success in activities	4.2	3	5	2	1	3

The counsellors were asked to define the reasons which had led to their choice of families. What we found was that mothers who displayed initiative and were cooperative were considered to be superior to those who did not.

The small size of the sample does not permit us to regard these findings as conclusive; nonetheless they appear to us to be significant. There are clear indications that mothers initiative and cooperation correlate with the child's cooperation and success in activities as well as with normal development (as expressed in Denver scores).

This underscores the importance of the programme's objective of changing the parental mode.

(3) To increase the involvement of parents in community activities

A follow-up study of the integration of EMRA mothers in community activities will be made in spring 1982 as part of a community survey.

The involvement of the mother in educational frameworks in which her children participate (other then the home) was viewed as an initial step in the direction of community involvement. Mothers' participation in activities at the project's neighbourhood centres was systematically monitored. Examination of this data shows that of the 62 mothers who participated in the EMRA programme (N=62), 25% participated in activities at the neighbourhood centres. It should be noted that during the period of time under consideration there was no centre in the Remat neighbourhood. Of those EMRA mothers whose older children participated in centre activities (group A) 65% participated in activities designed for mothers and children, as compared to 45% of mothers whose children participated

....22/

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in centre activities who were not in the EMRA programme (group B). Group A visited the centre for such actitivies 8.3 times during the half year under discussion, compared to 6.5 times for group B. (in calculating this average, hereafter designated average 1, only mothers who participated in centre activities were taken into account. Average 2 takes into account the total number of mothers, including those who never participated in activities).

The following table shows this difference more clearly:

	Group A N = 16	Group B N = 135
% of participation	65	45
Average 1	8.3	6.5
Average 2	6	2.8

There appears to be a clear linkage between participation in EMRA and participation in centre activities. At this point it is difficult to define the direction of this linkage absolutely. This finding would also appear to be relevant to the previous section dealing with parenting modes.

(4) To improve the self-image of the mother

The self-image of the mother was investigated by means of the Mothers' Self-Image Rating Form (appendix 6). The rating form was administered in June 1981 to a sample of 15 mothers and found to be unsuitable. There is a need for an alternative evaluation instrument, and we have undertaken the search for an instrument which will meet overneeds.

(5) To institutionalize the role of the home-visiting counsellor as an agent for change and education

(a) The para-professional home-visiting counsellor as an agent for change and education: the EMRA programme is designed to bring local women trained by the project in its training courses into direct contract with the target population by means of home-visits. The project's educational and social message is transmitted to the target population via the para-professional home-visitor. Thus it can be said that the programme expressly views the para-professional home-visitor as the agent for charge and education.

..23/

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(b) The Counsellors' Self Assessment Questionnaire (appendix 4):

The questionnaire is filled out by the counsellors at three month intervals. It assesses three aspects:

(1) evaluation of their role and their ability to fulfill it

(2) self-image

(3) level of alienation (powerlessness).

The last two parts of the questionnaire deal with overall aims of the project and will therefore not be discussed here.

The questionnaire was filled out twice during the period in question, in March 1981 and in June 1981. The ratings are high for both administrations of the questionnaire. The average of the counsellors' averaged ratings is 4.1 in each instance. A slight change took place in the range of counsellors' averaged answers (calculated separately for each counsellor). In March the averaged ratings ranged from 3.8 to 4.4, whereas in June the average ranged from 4 to 4.4.

(c) Interviews

Interviews with the counsellors show them to have a very clear concept of their role, and that they believe this to be equally true of their colleagues. The interviews confirm the outcomes of the questionnaires.

(d) Supervisors' Assessment Rating Scale (appendix 5, 5a)

This scale assesses the counsellors' level of performance and coping with the demands of their role. The counsellors are evaluated by their supervisors in 12 traits: initiative, flexibility, receptivity and open-mindedness, communication sensitivity to others, independence, responsibility, verbal skills, written communication skills, personal appearance, professional ethics, intra-staff relations, work ethic. This list of traits and their operational definition was prepared jointly by the projects professional and evaluation teams. These traits articulate

/24

what is expected from the counsellors and from their role performance. The questionnaire was administered twice, in March and June. From March to June there was a slight increase in the average ratings of the instructors, i.e. 4.2 in March and 4.4 in June. This small difference could be due to chance. Only after additional administrations of the questionnaire will it be possible to know if there is consistency in this upward direction.

A more detailed presentation of the data will appear in the annual overall project evaluation for 1981-1982.

Another component of the institutionalization of the home-visiting counsellor's role in the method of recruitment. The methods and practices and their institutionalization will be evaluated within the framework of the evaluation of the training course for para-professional counsellors which is included in the annual overall project evaluation, as will the implications and significance of the para-professional counsellor's role as an agent for change and education.

(6) To develop an appropriate curriculum

Prior to the period under consideration a temporary curriculum had been in use. During this period (January-June 1981) a developmental-stage orientated curriculum, divided into 23 activity areas and composed of actities appropriate for children in the 0-3 age range was proposed. The modular structure of the curriculum permits the home-visiting counsellor to adopt activities to the individual needs of each child. The curriculum will be evaluated in consultation with the counsellors and their supervisors in the spring of 1982, and this evaluation will be included in the annual evaluation report for 1981-82.

d. The Work-plan

The only way to evaluate a work-plan and the degree to which it is in accord with initial project planning and project aims and objectives is by examining its implementation in the field.

Interviews with counsellors and supervisors and a follow-up of files and current reports show that the work is being carried out according to plan. The weekly home-visits took place as scheduled and the reports were filled out in accordance. The para-professional counsellors were diligent in their role-performance. Seven counsellors worked in the programme during this period. Inter-personal relations in the term were excellent and no special problems arose, with the exception of one counsellor who was ill-matched to the families in her care. The conclusions drawn from this incident were that in the future greater importance should be placed on the readiness of the counsellors to work with any mother or in any neighbourhood of the town. It appears that the programme's activities are by now well-defined and institutionalized. An appropriate curriculum has been developed and is being used in the programme.

The EMRA programme is now working in a direction whose main thrust is increased independence on the part of the para-professional counsellors in planning the content of the home-visits, and this is being achieved with great success.

In-service training has also been routinized. The programme has begun to expand geographically and is now working in two additional neighbourhoods: the Remet and the Brecha areas.

Implementation of group activities with mothers was less successful. During this period only two such group meetings were held. The reasons for this are largely technical: lack of appropriate facilities (in the Remet neighbourhood) etc.

e. Summation of Findings

Summation of evaluation findings according to objectives gives us the following picture:

(1) To further the healthy and normal development of the child

This objective was achieved according to the criteria set by the EMRA programme. Only two of the 14 children who received failing scores in the first administration of the Denver Developmental Rating Scale received similar scores in the second administration.

(2) To change the parental mode from passive to active

The Darcee Educational Needs Assessment Inventory of Parental Behavior proved to be inadequate. However it appears that EMRA mothers participate more in activities with their children at the projects neighbourhood centres than mothers not in EMRA.

(3) To increase the involvement of parents in community activities

Participation of EMRA mothers in neighbourhood centers was monitored and assessed, with results as stated above.

(4) To improve the mother's self-image.

The evaluation instrument chosen - the Mother's Self-Image Rating Form-proved to be inappropriate and was abandoned, with the result that this objective was not evaluated

(5) To institutionalize the role of the home-visiting counsellor as an agent for change and evaluation

On the basis of the findings derived from the Counsellor's Self Assessment Questionnaire and from interviews with them it appears that the home-visiting counsellor's role is clearly defined, well understood and institutionalized.

EMRA counsellor are functioning as agents for change and education in keeping with their role definition and the objectives of the programme.

(6) To develop an appropriate curriculum

The curriculum has been adequately institutionalized and is being used by the home-visiting counsellors without difficulty. A more detailed evaluation of the curriculum will be included in the annual project evaluation for 1981-82.

4. CRITIQUE

a. Examination of Evaluation Instruments

Denver Developmental Rating Scale (appendix 2, 2 a.).

The Denver is a screening test which is used neither to measure degrees of failure nor development beyond the norm for the age-group. However examination of the raw data of Denver results which are kept in each family's file does permit more refined developmental assessment, as indeed was done in comparing 'good' and 'inferior' families.

The project has not attempted to refine the test since it is primarily interested in its function as a screening test, by means of which weak children may be diagnosed and helped to overcome their developmental lags.

The Denver has never been standardized in Israel (in use are standardizations developed abroad) but has undergone informal standardization by its wide use in kindergartens, well-baby clinics and other projects and it is accepted in Israel as a screening test.

Darcee Educational Needs Assessment Inventory of Parental Behavior (appendix 3)

The Darcee consists of behavioral operations rated on a scale from 1 to 5, with 5 = always and 1 = never. There is also a 0 rating for "no opportunity to observe". The inventory is devided into six sections, each of which is averaged separately, with 0 ratings not included in the average.

/28

The Darcee poses several methodological problems:

(1) Validity: Correlations of the various sections of the Darcee with each other were very high - higher than those obtained when the results of the two administrations of the Inventory were correlated with each other. This would appear to indicate that there is little relevance to the devision of the Darcee into sections and that the Darcee somehow produces a general rating above and beyond the section headings.

This conclusion was borne out by the results of a factor analysis made separately of each administration of the Darcee, which produced only one factor, whereas factor analysis of the results of both administrations together resulted in two factors - one for each administration. This may be explained by the fact that the internal correlation of the separate sections of the Darcee are higher than the correlation between the two administrations.

The Darcee ratings clearly indicate a cut realm. Only 66 out of 348 ratings (58 mothers X 6 ratings for each mother) are to be found below the median rating of 3. in other words, 80% of the ratings are above the median rating. Cut realm results in lowered correlations and in this instance further high-lights the high correlations and supports the conclusion that the various sections of the Darcee measure similar behaviors.

A more serious problem, in my opinion, is that of the suitability of the Darcee to the needs of the project. This inventory was designed abroad and adopted by the project. It is comprised of six sections, with items in each section chosen from the 'content world' which they represent. In a number of tests which I carried out with the EMRA counsellors it became clear that these items do not represent their 'content-world' in the areas examined.

/29

The fact that no difference in Darcee ratings were found for the two groups of mothers evaluated ('good' and 'inferior') further bears out the claim that the Darcee inventory is unsuitable for the project, because of its diagnostic inadequacies and the non-significance of findings obtained.

(2) Reliability

A problem raised both by supervisors and counsellors is of 'reliability of judges' among the counsellors. Since evaluation is qualitative and not quantitative, how can one assure that a rating of "sometimes" given by one counsellor is identical with a similar rating given by another counsellor? The degree to which this is indeed a problem could be tested by means of the Gamma test (reliability of judges) applied to evaluation of an identical experience (observation of a video-tape) or by computing the average and the standard deviations and examining the size of the standard deviation in relation to the range of ratings.

Even if the problem turned out to be serious it could have been overcome by regarding the Darcee findings as relative: i.e., by assessing improvement or relative weakness in each area in comparison to other parts of the Inventory for each mother. This however would preclude overall comparison of mothers' Darcee ratings.

Mother's Self-Image Rating Form (appendix 6)

This questionnaire was administered to a sample of 15 mothers and was discovered to be unsuitable. The questions were too sophisticated and required introspection. The population of mothers for whom the questionnaire had been prepared did not succeed in answering them. The questions which required introspection frightened them. An attempt was made to help the mothers in filling out the questionnaire and this gave rise to two problems. One of these was technical: too much time was required to fill out the questionnaire-almost an hour. This task was /30

imposed on the supervisors who lacked the free time to interview over 60 mothers. A second and more severe problem was that of reliability: because of the help which was extended by the supervisors it was feared that replies would be biased.

Counsellor's Self-Assessment Questionnaire (appendix 4)

The institutionalization of the home-visiting counsellor's role was measured directly by 9 of the 14 questions in the first section of the questionnaire. The remaining questions in this section deal with the interviewee's asssessment of her own usefulness. Her self-image and sense of her own influence and power in relation to the community are assessed in the questionnaire's remaining sections.

The questionnaire is problematic in its organization. Responses to the first 14 questions comprising section 1 are computed together, despite the fact that they deal with different and discrete areas.

An additional problem which continues to arise is that of the cut realm of the ratings. This would appear to result from avoidance of the extremes (the lowest and highest possible ratings). The Self-Assessment Questionnaire will be discussed more fully in the section devoted to overall project evaluation.

Supervisors' Assessment Rating Scale (appendix 5)

The overall average of all the counsellors ratings on each test was calculated, as was each counsellor's average based on her ratings on all the traits. This permitted the comparison of each counsellor in relation to the others on one hand and the comparison of the degree to which each one of the traits had become established and existed on the other hand.

This method of calculation suffers from a lack of statistical reliability since most of the counsellors are assessed by one supervisor only.

The rating scale is useful to the project insofar as it is used as a tool for monitoring performance and for project self-evaluation, and does not serve as a basis for broader conclusions and generalizations. It is important to stress again that the traits were chosen and defined operationally by the supervisors, and this assures it of context validity.

Here too we find the problem of avoidence of extremes, although at the beginning of the year traits on which almost all the counsellors scored low were identified, with the result that efforts were especially devoted to improvement in these areas throughout the year.

b. Methodology

Evaluation throughout the half-year period under discussion was based on the evaluation plan and conformed closely to the plan (appendix 7)

Denver Developmental Rating Scale

This was administered twice as planned, the first time to 60 families (78 children) and the second time to 43 families (55 children). With the Denver it is difficult to keep to an exact time table for several reasons: every family joining the EMRA programme has a Denver test administered to the child at the third home-visit and this is recorded as the first Denver, without importance attached to the date. There were families who had only one Denver test during this period because of the short time they spend in the programme. On the other hand the Denver can be re-administered after a month, and there were children, especially those who had failed, to whom the test was re-administered after a period of one month.

Darcee Educational Needs Assessment Inventory of Parental Behavior

Here too it was difficult to keep to a set time schedule since the questionnaire is filled out after eight home-visits which may be spread over a period of two to three months or more. The Darcee was also

.....32/

administered twice. The first time it was filled out for 62 mothers and in the second wave for 44. Here also, as in the Denver, there were mothers for whom the Darcee was filled out for the first time at the same time that most of the mothers were being evaluated for the second time. The reason for this is that some mothers joined the programme later on in the year.

MOthers' Self-Image Rating Forum

This form was administered as scheduled in June 1981 to a partial sample of mothers (15) and abandoned because of its unsuitability, as discussed earlier.

Counsellor's Self-Assessment Questionnaire;Supervisors Assessment Rating Scale

Both of these questionnaires were fill out as scheduled in April and June 1981.

Computer

The computer was introduced for data processing, The computer was fed with all the data which had been gathered and which could be coded: demographic and personal data, questionnaire and test ratings, frequencies of attendance and participation etc. So far only an experimental run-through of data has been made. However, even these first and partial findings have proven to be very interesting and we expect the use of the computer to be of great help in future evaluation.

C. Recommended changes and improvements.

(1) Group Meetings of mothers: There are extremely important in the context of the project's aims: the formation of cohesive mothers' groups possessing a sense of power and competence to act. During the period under discussion very few group meetings were held primarily as a result of technical difficulties - ie., lack of facilities. This year (1981-82), special attention

/33

will be devoted to this subject. It would be of value to construct an instrument to evaluate the process of developing group cohesion from the beginning. In view of the project's reluctance to 'bombard' the target population with questionnaires, a possibility might be periodic content analysis of group discussions devoted to defined subjects. Another possibility is investigation of activities initiated by the group.

2. Darcee Educational Needs Assessment Inventory of Parental Behavior

The Darcee Inventory will be replaced by another instrument which will be designed in conjunction with the counsellors and supervisors attached to the EMRA programme. The method of design will be described in the annual evaluation report for 1981-82.

3. Mother's Self-Image Rating

The need exists to find an alternative instrument which will meet the need to evaluate changes in mothers' self-image. We hope to find such an instrument available at the appropriate research institutes in Israel or at similar projects.

4. It would be worthwhile to investigate in greater depth the causal links leading to correlation of mothers' cooperation, child's cooperation, mother's initiative and child's success in task performance and in the Denver Ratings. If a common variable can be found affecting all these areas it then becomes possible to pay special attention to this variable.

5. It would pay to examine in greater depth the direction of the link between participation in the EMRA programme and participation in neighbourhood centre activities. Does the education received in the EMRA programme lead to greater participation in centre activities - or does the very fact that mothers join the EMRA programmme indicate a process of self-selection - ie. of those mothers who already have a higher level of awareness of the need to be actively involved in their children's activities? /34

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d. Summation

The evaluation plan was generally adhered to without deviation. All the evaluation instruments were administered according to the pre-determined time schedule. A number of these instruments were discovered to be problematic, as has already been discussed (Darcee, Mothers' Self Image Rating). As regards these instruments, efforts will be made to either refine or replace them.

A number of proposals for in-depth study have been put forth in the belief that the findings of such studies would be important not only for the project itself but for others working in the field.

This report was written quite late, due to technical difficulties resulting from Dr. Amir Ben Porat's departure for sabbatical leave abroad and my assumption of his functions in mid-August.

5. SUMMARY

The EMRA sub-project is a home-instruction programme for mothers. The name EMRA is an acronym of the word "IMA" (mother) and "Morah" (teacher) - meaning that the mother is the child's first teacher.

EMRA began its fourth activity year in September 1981, after three activity years - or two and a half years of activity beginning with the completion of the first training course for para-professional counsellors in December, 1978.

The following summarizes findings for the period here-in evaluated:

(1) The target population of mothers participating in the programme is on the whole stable. There are few drop-outs, and these are usually the result of change of residence or of the mother's going out to work. Attendance at home-visits is high (an average of 80%).

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/35

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(2) There is a stable team of counsellors.

(3) Work proceeds in conformance with the plan.

(4) Mothers participating in the EMRA programme tend to play a more active role in the neighbourhood-based activities of the project than those not in the programme.

(5) It would seem that the population of children prone to a high rate of 'failure' (as measured by the Denver Developmental Rating Scale) are the younger of two children aged 0-3 participating in the programme.
(children in this group were 3 times more vulnerable to failure than only children or the older of two children in the programme).

(6) Most of the children rated as 'failing' in the first administration of the Denver received a 'pass' rating in the second administration.

(7) There is a slight tendency towards improved scores in the counsellors' self-assessment. The same is true of the supervisors' assessment of the counsellors. It is however not clear at this point whether this indeed marks a tendency or is a chance result.

(8) Group cohesion of mothers was not achieved primarily because of technical difficulties.

As regards the evaluation itself, the evaluation plan was on the whole adhered to. A number of evaluation instruments were found to be problematic and efforts are being made to replace or refine them.

Proposals were made for greater in-depth study.

This report was written somewhat late for reasons discussed earlier.

In general, both the programme and the evaluation plan appear to be successful.

C. THE PLAY AND GUIDANCE CORNERS IN THE PEDIATRIC CLINICS

1. Description of the Programme

The childrens' health services in Ofakim are provided by two Kupat Holim (Histadrut Health Fund) clinics and two mother and child clinics (Tipat Halav): The Kupat Holim 'A' Clinic, the Tipat Halav 'A' clinic and the integrated 'B' clinic.

In conjunction with the medical staff of Clinic B two play and guidance centres were set up in the waiting rooms of Clinic B in Spring 1979. In 1980 two additional play and guidance corners were set up in the Kupat Holim 'A' Clinic and the Tipat Halav A Clinic.

The great majority of the population of infants and toddlers in Ofakim utilize these services. The waiting room are filled with parents and children waiting their turn in very crowded conditions. Boredom and discomfort create tensions.

It was decided to exploit the presence of this population (sometimes for protracted periods) in order to provide them with information and guidance not directly connected with the medical treatment and to encourage the parents to play together with their children while they wait.

It was hoped that two aims would be achieved thereby: firstly - immediately alleviation of tension and easing of boredom; second - instruction of parents in educational subjects and in interacting effectively with their children.

The Programme, as already noted, in four different locations in the town. In Clinic B, which also contains a Tipat Halav, there are two play corners. Two additional corners have been set up in Tipat Halav A and Clinic A.

/37

The four play corners are inconvenient to operate, for different reasons. The area is small and crowded and the client population impatient. In the clinics the population consists of ailing children. In the period under review there was no adequate room to store the equipment for lack of space.

In the period under discussion four play corners operated four days a week (Sunday-Wednesday) from 8-12. The corners were equipped with various games and toys as well as children's books and educational books for parents, and were run by para-professional counsellors who had undergone training within the framework of the project. The counsellors discussed with the parents ways of presenting toys, games or books to the children and supplied information on various activities within the project.

At the beginning the programme suffered from several problems:

a. Integration problems

b. Staffing problems

c. Lack of prestige.

Integration problems - Although the staff of physicians in Clinic B was involved in planning the introduction of the programme into the clinics, there was no suitable physical infrastructure. This aroused the hostility of the staff of cleaners for whom the programme merely created dirt. Part of the waiting public also regarded the corners as a nuisance since they took up space in an already crowed area. The parents, who did not know the objective of the programme, treated the counsellors as babysitters or as a toy service and it was difficult for the counsellors to shake off this image.

Staffing problems - There was a feeling in the project that work in the clinics was the easiest task and did not require special skills. This led to negative selection of manpower considered unsuited to other programmes within

../38

the project and hence sent to the play corners.

Lack of prestige - For a long time work in the clinics was regarded by the counsellors as a mere 'toy service' and they were not eager to work there.

In the period under evaluation there was a definite improvement in Clinic A. Counsellors with stronger motivation joined the programme. The counsellors in Clinic B, who were less able, dropped out of their own accord. Throughout the year considerable effort was invested in transferring the focus of activities from the concept of a 'toy service' to the activation and guidance of parents. A large amount of time was devoted to personal guidance of the counsellors, which improved their self-image and consequently the attitude of the public towards them.

Activity of play corners in Clinics and Tipat Halav, 1.1.81 - 30.6.81

Activity	Population	Number	Location	Manpower resources	No	Other resources	Time
Operation of play and parent guidance corners	Parents and children attending clinic	fluctuating	2 Kupat Holim clinics 2 Tipat Halav clinics	para professional counsellors	3 1	Toys Games Books Furniture	4 mornings a week

2. THE TARGET POPULATION

The programme is aimed at the entire population of small children and their parents in Ofakim, all of whom are clients of the health services.

It is difficult to conduct an exact survey of the population attending the clinics since, as noted, it represents the entire range of the population. There are some differences as regards population make up between the clinics. Clinics A is situated in the centre of Ofakim and provides services to the

/39

Dado, Eli Cohen and Remat and Brecha neighbourhoods. The Remet and Eli Cohen neighbourhoods contain a very problematic population with many large families, while the families in the Dado neighbourhood and centre of Ofakim are well-established and relatively well-educated.

Clinic B mainly serves the Ben Gurion neighbourhood, a neighbourhood with a varied population; young couples, large families and an extremely orthodox group.

3. Evaluation

a. Aims and Objectives

This programme, like other programmes within the project, is based on the view that a good citizen is an active individual who undertakes responsibility with the framework of his roles and functions. Parenthood is one of the important functions in the community and parents should be aware of the importance of their role as educators.

The general and proclaimed objective of the programme is the improvement of parental modes (together with the self-evident aim of alleviating tensions and overcoming boredom),

The general aims are: (Appendix 7):

1. Stimulation of mothers with the aim of improving parenting modes.
2. Presentation of a behavior model for mother-child interaction.
3. Provision of means for mother-child interaction and play

At the operational level the following objectives were enumerated.

1) to teach the parents to interact with their children and to use books, toys and games for this purpose.
2) to demonstrate to the parents games and activities with children
3) to supply parents with books, games and ideas for activating their children

4) to serve as a source of information for mothers on various community services, such as mental health services and social services and to disseminate among them information regarding various activities of the project.

b. Evaluation Instruments

Various evaluation instruments were adapted to evaluate the implementation of these objectives;

(1) Current reports: (a) Daily activity report - counsellors

(b) Weekly summary - counsellors

(c) Monthly report - supervisor

(d) Annual report - Supervisor

(a) Video-taped observations: (a) Behavior of counsellors

(b) Behavior of parents

(3) Supervisor's Assessment Rating Scales (Appendix 5)

Evaluation of counsellors by supervisor once every three months, on the basis of twelve traits considered the most important for successful fulfillment of role.

(4) Counsellors' Self-Assessment Questionnaire - (appendix 4) filled out by the counsellors once every three months. Evaluates three aspects:

(a) Evaluation of their role and their ability to fill it.

(b) Self-image

(c) Level of alienation (powerlessness)

(5) Interviews with counsellors and supervisor.

c. Evaluation Findings

The first three objectives were evaluated by means of video-taped observations. The objectives to be evaluated were defined in terms of specific behavior in order to permit reliable observation (Appendix 8)

../41

Objective 1 : To teach the parents to interact with their children and to use books, toys, and games for this purpose.

If we designate (albeit arbitrarily) 1.3 ("sometimes") as minimal criterion for achievement of the objective, this criterion most often was not met. Following is an examination of criteria by objectives:

1. (The para-professional) "converses with parents about the importance of adequate stimulation of the child, demonstrating toys and activities and providing instructions and ideas." The aim is for the para-professional to act as a facilitator for positive patent-child interaction based on materials supplied.

This criterion was met in Kupat Holim "A" only. Observations showed that most of the para-professionals' interaction is with the child (giving toys, puzzles, directions etc.) Rarely is the parent involved in the selection of toys or in actively choosing materials. An exception to this is in the case of infants. Some incidents were observed where the para-professional demonstrated an infant's toy., giving it to the child's mother who continued playing with the child. This, of course, is the aim of objective 1.

2. (The para-professional) 'Will distribute literature to parents." The aim is to utilize the time spent waiting for one's turn to dispense information on child development. Materials consist of the "First Years of Life" booklets, a pamphlet put out by the project, and a variety of books.

Although some isolated incidents of passing out materials was observed. such incidents were rare and the criteria was not met. Furthermore, parents' reaction to the material was very poor. Concentration spans were very short and as often as not mothers gave their books to the children to flip through the pages.

3. (The paraprofessional) "will supply games and toys to the parents and encourage them to play with their children". It was mentioned earlier that for the most part toys were given to children directly though in a few minutes this criterion was achieved.

4. (The paraprofessional) "will arrange the play area in a manner which encourage them (parents) to play with (their) children". This was rated as criterion being met in all settings, though what specifically consititutes as "encouraging manner" is not clear.

5. (The paraprofessional) "will act as a role model for positive adult-child interaction". According to this criterion the praprofessional should relate to the child in a positive, encouraging and non-directive manner which hopefully will serve as a role model for parents.

Scores for this objective were higher than for the previous four, the criterion being met in three out of four observations.

6. (The paraprofessional) "will participate actively in parent-child interactions". This criterion was not met at all.

Taking 5 and 6 together it becomes apparent that most of the paraprofessionals' interactions were with the children and not with parents. It can be assumed from the increased frequency of this behavior that it is more reinforcing (that is, the paraprofessionals are more comfortable with it).

7. "Activeness" (of parents) as opposed to passivity. The objective is to determine to what extent parents are involved in their children's activities.

Only in Kupat Holim A was the criterion met. Observations show that mothers have a tendency to concern themselves with watching for their turn at the doctor, or talking with friends more than with their children.

../43

8. (The parent) "is interfering with the child's activity". (eg. by telling him what to do).

9. (The parent) "is involved (non-directively) with the child's activity". A distinction is made between interference and involvement. In the latter the needs of the child are being met. The parent acts as a facilitator or counsellor rather than teacher or authoritarian figure.

Objective 2.- to demonstrate to parents games and activities with children.

This was achieved, though not in the desired fashion. The counsellors felt more at ease interacting with children rather than with the parents, and furthermore were pushed in this direction by the parents who were glad that someone was keeping their children occupied. However, the counsellors interacted with the children in a non-directive, encouraging fashion, in accordance with their training, thus modelling desirable behavior. The main problem was that the mothers did not regard them as role models but rather as babysitters and did not observe their behavior most of the time, being occupied in conversation or other activities. Thus, it can be said that the model was presented, though to a certain extent at the expense of interaction with parents. It is not clear to what extent the message of the model crossed the barrier of the mothers' indifference.

Objective 3. To serve as a source of information for mothers on various community services and various project activities.

According to an interview with the supervisor, this objective was on the whole not attained. At Clinic B the counsellors encountered indifference on the part of the population most of the time. They were not regarded as a source of information or advice. At Clinic A the situation was better, but there too the objective was not achieved in full.

.../44

It is important to note that the self-evident aim of alleviating tension and boredom was achieved to a large extent. The play corners were filled most of the time with children who played with the games and toys and looked at the books. This was undoubtedly more enjoyable than merely waiting besides their tense mothers. The play corners also made things easier for the adults since the children were occupied and relaxed and hence did not harrass their mothers.

d. Implementation in the field.

Generally speaking, the period under review constituted an improvement over the previous year. The counsellors displayed higher motivation. There was better individual guidance + supervison which enhanced the counsellors understanding of their role and thus greatly improved their image and the quality of their work. The situation is still far from perfect, and the public still regards the counsellors as a 'play service'. The interaction with mothers was insufficient and the counsellors did not become a source of information.

There were also problems as regards the work flow. Numerous lengthy absences of counsellors (for various reasons) disrupted the work of the play corners.

There was considerable success in alleviating pressures and tensions and from this aspect at least the play corners greatly improved the existing situation.

e. Summary of evaluations results.

In general the period under consideration was not a great success. Most of the objectives were attained in part only. The programme did not operate smoothly because of the frequent absences of counsellors. Lessons were learned

../45

and objectives were reformulated for the coming year:

(1) greater emphasis on guidance and conveying information and much less on keeping the children occupied and on the 'play service;'

(2) an attempt to change the attitude of the public towards the role of the counsellors;

(3) greater independence of the para-professional counsellors;

(4) at attempt to convey information to the public on a limited number of subjects, such as toilet training, behavior management, etc.;

It was also decided to change off the two counsellors in the B clinic, replacing them with more capable counsellors.

4. CRITIQUE

a. Examination of Evaluation Instruments.

Current reports and interviews: the current reports supplied a picture of ongoing activity, of attempts at improvement, success and failures, frequency and continuity of activities. Interviews with the supervisor and the counsellors further reinforced the data supplied by the reports.

Video-taped observations: the main instrument of evaluation in the clinics were video-taped observations. Observations were carried out through video-tape and not directly.

Four observations were video-taped at three points: in Clinics A, Tipat Halav A and Clinic B (twice). The tapes were of different lengths (half an hour to three hours) depending on the period during which mothers and children were present. A half-hour edited version was prepared from each film, which covered early morning, mid-morning and late morning activities.

The professional staff of the project, together with representatives of the medical staff observed and evaluated all four tapes, and noted what they saw on a special form (Appendix). This method permitted flexibility as

../46

regards:

(1) coordination of the most convenient day and hour for video-taping activity,

(2) coordination of convenient times for evaluation by staff observers.

As regards the first point a drawback should be noted: Since taping was not carried out when there were few children present or when activity was uninteresting, a certain bias emerged.

As regards the second point, this proved to be effective, since a number of people could observe the same situation at different times without interfering with activities in the play-corners.

Since the video tape could be edited, the observer could view selected episodes from a certain morning's activity in a very brief period. This too caused a problem of bias since certain sections cut out for lack of interest might have been important. But the same problems occur, with the same degree of acuteness, when a situation is observed directly without the convenience of video-tape. Another problem, noted above, is the fact that the camera lens is confined to one spot.

Supervisor's Assessment Rating Scale (Appendix 5). The supervisors evaluate the counsellors under their supervision for the 12 traits regards as most important for fulfilling their function in the project. These traits are: initiative, flexibility, openmindedness, sensitivity towards others, independence, responsibility, verbal skills, written communication skills, personal appearance, professional ethics, intra-staff relations, work ethic.

For each separate trait, the overall averaged rating was calculated as well as each counsellor's averaged rating on all the traits
This is done in order to assess the rating of each counsellor in relation to the others and to identify her weaker traits.

../47

This method of calculation poses a problem of statistical reliability, since most of the counsellors were evaluated by only one supervisor. The questionnaire is useful for purposes of internal project assessment and feed-back and is not utilized as a basis for formulating conclusions or generalizations.

It is important to note that the traits were selected and defined by the supervisors, a fact which lends the questionnaire content validity.

The low ratings of the counsellors in the clinics as rated by their supervisor should be regarded with the problem of reliability of the questionnaire in mind.

Counsellor's Self Assessment Questionnaire (Appendix 4) : The institutionalization of the role of para-professional counsellor was directly evaluated in 9 of the 14 questions in the first part of the Counsellor's Self-assessment Questionnaire. The other questions deal with the interviewee's evaluation of her contribution; her self-image and sense of power and influence vis a vis the community are measured in other parts of the questionnaire.

b. Examination of Methodology

Evaluation throughout the period under discussion conformed closely to the evaluation plan. Video-taped observations were conducted and analyzed by the team. In light of the conclusions, changes were recommended and introduced.

Evaluation by supervisors and self-evaluation by counsellors were carrried out on schedule. A large part of the evaluation was based on non-structured data, such as current reports and interviews.

../48

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c. Recommended changes and improvements

(1) Definition of operational objectives in the evaluation plan.

(2) There is a shortage of 'hard' statistical data because of the difficulty of gathering such data; a method for collecting such data should be found.

(3) It is necessary to find a suitable instrument for observations in the clinics,possibly through use of trained observers. Video-tape will apparently not be used in the future for this purpose.

4. SUMMARY

The clinic play-corner and guidance programme underwent a difficult period A combination of circumstances created numerous functional problems unsuitability of some of the counsellors; problems with the clinic staff; an incorrect image and low prestige.

Most of the necessary conclusions were drawn in the course of the year and there was considerable improvement. Counsellors with appropriate abilities will be selected especially for the programme. A work-plan has been drawn up for 1981/82.

It appears that problems of staffing and of lack of prestige, at least, will be adequately solved.

../49

D. THE NEIGHBOURHOOD CENTRE PROGRAMME

1. Description of the Neighbourhood Centre Programme

The first centre for parent and child activity was opened in December, 1979 in the Eli Cohen neighbourhood, in two adjacent apartments which were joined together, renovated and adapted to the purpose by the Amigur Housing Authority.

In April 1980 a second neighbourhood centre was opened near the Ben Gurion and Giborei Yisrael neighbourhoods. It is located in a vacant kindergarten placed at the disposal of the project by the local authority.

A third centre will begin operating at the beginning of September 1981 in the Ramet neighbourhood. The neighbourhood centres are a focus of activity for the population in the neighbourhood. They fulfil a range of functions, serving as the physical base for a variety of activities related to the project; in-service training for the project staff, mothers activity groups; study groups, in-service training for kindergarten teachers and children's activities in the afternoons.

Each centre is operated by a group of para-professional counsellors, all local residents, trained by the project's professional team.

The centres are open five days a week, from Sunday through Thursday. In the mornings the focus is on activities with mothers, who participate in group meetings, study groups and workshops and un-structured activitiies with their infants and todlers.

In each centre there is a lending library, and mothers who regularly attend at least one of the groups at the centre may borrow books.

../50

a. Morning activities for parents

Course on 'You and your child' - was held in parallel at the two centres from November until the end of the school year. At the Ben Gurion Centre 10 mothers attended and at the Eli Cohen Centre, 13. The courses were held once a week for two and a half hours. Everyday methods of tackling problems of child-raising were discussed. During the course the mothers visited educational institutions at Kibbutz Mishmar Hanegev and toured the Beer Sheva Museum.

The mothers evaluated the course as highly successful as regards the knowhow acquired and as a most enjoyable experience.

Attendance was regular and there was very few absences.

Workshop in toy making - was held at the Ben Gurion Centre one morning a week, from December to March. The participants learnt to make toys suitable to the various stages of development of the child. The course was open to all without prior registration, (with payment for materials alone). Some 6-12 mothers attended. This method of open courses did not prove successful - the turnover was high and although material on the programme was distributed in advance, the mothers came with their own expectations and were disappointed.

Sewing circle - was held at the Eli Cohen Centre in June and July, once a week. The mothers learnt to sew children's clothes from discarded garments and various material remnants.

The sewing circle was a success. The mothers (12 in all) attended regularly and prepared homework as requested. The atmosphere was good.

Course on game-playing - Started in January at the Eli Cohen Centre, to teach various kinds of didactic games. Ten meetings were held. The 6 mothers

../51

who participated attended regularly.

b. Morning activities for children

The mothers were given the opportunity of bringing children (up to the age of 3) who did not attend any educational institutions to all the activities.

The instructors and the counsellors tried to work out a programme of activities for the children in small groups. This was not a great success for objective reasons;irregular attendance, children were too young etc.).

c. Afternoon and evening activity for parents.

An attempt to hold a 'You and your child' evening course at the Eli Cohen Centre for working mothers was not successful. Few mothers attended, apparently because of the bad weather (winter).

A similar attempt in summer at the Ben Gurion Centre also failed, mostly for technical reasons. There was no community worker available to make home visits and prepare the mothers.

An attempt was made at the Eli Cohen Centre to start a toy-making group in the evening. Very few mothers came and the group was closed down.

Two evening meetings on preparation of Purim costumes were attended by a very high number of mothers.

Two parent meetings, intended to acquaint parents with the centre's activities, were held at the Eli Cohen Centre and were attended by nine mothers and one father. A similar meeting at the Ben Gurion Centre on organization of afternoon activity, was attended by nine mothers and one father.

At both Centres mothers' committees were elected. They did not operate on a regular basis, nor were meetings with the committees held regularly.

../52

Within the framework of the afternoon activities for children a special programme was held once a week, called 'MASLUL' - initials of Hebrew words for Game and Book for Children and Parents . Children's literature and games were presented to parents and children in a variety of ways. The programme was intended for parents and children together.

At the Eli Cohen Centre the mothers showed great enthusiasm and the programme was held twice a week, with an average of 10 mothers attending each time.. At the Ben Gurion Centre there was an initial attendance of 8 mothers, with a subsequent significant drop in attendance.

d. Afternoon activities for children - Activities for children up to 7 were held four afternoons a week. The activities were organized on a free-flowing basis, according to the model developed at the Oranim Centre for the Study of Children's Activities by Gideon Levin and Zippora Nir and adapted to the neighbourhood centres in Ofakim by Aviva Kribos, the professional supervisor of the para-professional staff at the centres. According to this model, the children are offered a wide range of stimuli and possibilities for activities in accordance with their own wishes, through free and unstructured movement from activity to activity, the child being free to choose the subject or form of his activity.

The supervisor conducted visits and observations at each centre in order to consolidate the educational approach. At first the counsellors tried to teach and to initiate activities. Several changes were introduced to counter this approach - first, training sessions with the coursellors and secondly, removal of toys from the cupboards to allow the children direct access. The children were also permitted to move toys from place to place as they chose.

../53

SUMMARY OF ACTIVITY IN WORKSHOPS AND COURSES FOR MOTHERS AT COMMUNITY CENTRES

Activity	Objective	Time	Place	period	No. of participants
				months	
You and your child	Discussion of childraising	Morning	Ben Gurion	8	10
" " " "	" " "	"	Eli Cohen	8	13
Toy making	Open courses in making educational toys	"	Ben Gurion	3	6-12
Sewing	Sewing clothes from remnants	"	Eli Cohen	2	12
You and your child	Discussion of child raising	Evening	Eli Cohen	1	discontined
Games	Learning didactic games	Afternoon	Eli Cohen	3	6
Toy-making	Learning to make educational toys	Morning	Ben Gurion	2	8
Maslul	Varied presentation of toys and books	Afternoon	Ben Gurion	3	7
Maslul	Varied presentation of toys and books	"	Eli Cohen	3	10

../54

ONE-TIME ACTIVITIES FOR PARENTS

Activity	Objective	Time	Place	No. of participants
Parents meeting	Familiarization with the Centre	Evening	Eli Cohen	11
Parents meeting	Familiarization with the Centre	Evening	Ben Gurion	10
Hanuka party	Holiday celebration	Afternoon	Eli Cohen	12
Purim party	Holiday celebration	Evening	Ben Gurion	15
Mothers meeting	Preparing purim costumes	Morning	Ben Gurion	7
Mothers meeting	Preparing purim costumes	Evening	Eli Cohen	15
Clothes bazar	Selling inexpensive clothes	--	Eli Cohen	--

../55

SUMMARY OF ACTIVITIES AT NEIGHBOURHOOD CENTRES 1.1.81 - 30.6.81

Activity	Population	Average No. of participants per activity	Place	Manpower	No.	Other resources	Time
Morning activity (Workshop, courses)	mothers + children	8 mothers	2 centres	Counsellors Baby sitter Supervisor Outside instructor	2 2 1 1	Various materials	16 hours weekly
Afternoon activity	children	30	2 centres	Counsellors Supervisor	6 1	Games, toys, other materials	12 hours weekly each centre
Evening activity	adults	8	2 centres	counsellors supervisor		working material	2 hours weekly
Maslul	mothers + children	8	2 centres	counsellors supervisor	6 1	books, games, teaching aids	3 hours weekly each centre
Home visits	mothers with children up-to age 7		neighbour-hood	counsellors supervisor	2 1		10 hours weekly
Lending library	mothers attending courses		centres			books	opening hours of centres

2. The target population

The target population of the Centres consists of children aged 3-8 and their parents. Some 150 families whose children attended regularly were registered, 43 at the Eli Cohen Centre and 107 at the Ben Gurion Centre.

a. Distribution of families by no. of children.

No. of children	No. of families	Percentage
1	16	10
2	45	33
3	30	22
4	24	17
5	18	6
6	5	4
7	2	1
8	3	2
9	7	5

b. Distribution of families by mother's occupation

Occupation	No. of families	Percentage
Housewife	87	62
Production/manual labor	17	12
Services/commerce	12	9
Education	24	17
Unknown	10	-

c. Distribution of families by father's occupation

Occupation	No. of families	Percentage
Manual labor	32	29
Services	51	46
Self-employed	24	21
Unemployed	4	4
Unknown	39	-

3. EVALUATION

a. Objectives

The proclaimed objective of the neighbourhood centres, as derived from the ideology underlying the project as a whole, is: development of autonomy and self-activation, both at the level of the individual - whether child or

adult - and of the community. This implies:

(1) the centres serving as foci for community and educational activity in the neighbourhoods.

(2) the activation of the centres by community elements.

At the generalized level, this is expressed in the evaluation plan for 1980-1983 (appendix 7) as follows:

(a) development of community activity in the neighbourhoods

(b) self-activation by parents

(c) self-initiated activity of children

(d) Activation, initiation (of activities) and supervision by local counsellors.

The community activity (objective 1) is not clearly defined within the context of the project. What is implied apparently is activity within the community on behalf of the community, that is, activity intended to benefit not only the individual but contributing to the community. Activation of the project by both parents and local para-professional counsellors (objective 2,4) is therefore part of this objective.

In operational terms, I would propose the following objectives (not necessarily in the order of the general objectives):

1. Organizing activity in the form of circles and meetings in order to create community interaction.
2. Encouraging self-initiated activity for children.
3. Creating conditions for the employment of local counsellors to develop these activities.

The logical connection between the underlying concepts of the project and the neighbourhood centre programme is evident. The 'ideology' claims that a good and useful citizen should be active in his own community and in

../58

order to do so and to make a contribution, he must feel himself able and willing to tackle the problems of his community and his own problems within the community. To this end he must attain a level of autonomy such as we are trying to develop in the neighbourhood centre programme.

b. Evaluation instruments

In order to assess whether the sub-project had attained the objectives it set itself, several evaluation instruments were used:

(1) Current reports: (a) Daily attendance records - counsellors
(b) Daily activity reports - counsellors
(c) Weekly summary reports - counsellors
(d) Monthly report - supervisor
(e) Annual report - supervisor
(f) Current reports on courses and circles.

} content analysis; statistical data

(2) Video-taped observations - of interactions between children, and between children and counsellors during afternoon activities.

(3) Interviews with counsellors and supervisors.

(4) Counsellors' Self-Assessment Questionnaire (appendix 4) filled in by each counsellor every three months, evaluating three aspects:

(a) Evaluation of their role and their adaption to it.

(b) Self-image

(c) Level of alienation (powerlessness)

(5) Supervisors' Assessment Rating Scales (appendix 5): Supervisors' evaluation of the counsellors for the following twelve traits: initiative, flexibility, openmindedness, sensitivity to others, independence, responsibility, communication skills, verbal communication skills, personal appearance, professional ethics, work ethics, inter-staff relations.

../59

C. Evaluation Findings

(1) Organizing activity in the form of circles and meetings in order to create community interaction. Extensive activity took place in the form of circles and courses. Both centres offered varied activity throughout the period under evaluation. Seventy-five mothers attended circles and courses within the framework of the project, and this excludes sporadic visits by mothers who attended afternoon activities with their children.

In addition mothers attended one-time activities held several times during the years for various purposes.

Counsellors attested to the fact that the activities improved the interaction between parents. Ties and relationships were established which endured beyond the framework of the activities at the centre. This is important in itself and can serve as a lever for self initiated activity at the community level. The first manifestations of activity initiated by parents can be seen in the election of parents committees in both centres. This did not prove very successful, since the committees did not function on their own initiative and the attempt foundered.

The parents committee initiated and organized the second-hand clothes bazaar held at the Eli Cohen Centre twice during the year.

(2) Encouraging self-initiated activity for children

This objective derives from the overall proclaimed aim of the project - namely to foster initiative, independence and creativity. The free-flowing educational approach evolved at Oranim by Zipora Nir and Gideon Levin and adopted in the centres was viewed as a means towards these ends.

During the year considerable effort was made to institutionalize this educational approach in the centres, by training the counsellors in this

../60

approaches by organizing the centres in suitable fashion, and by encouraging the children to engage in independent activity. The supervisor who observed activity at the centres summed up her impressions as follows:"The atmosphere at the centres is excellent,free and creative. There is a lot of initiative and openmindedness and this is encouraged."

Video-taped observations were conducted to assess the nature of the activities at the centres. The observations and processing of the findings were carried out by Eliot Green and are presented here as quotes from his report:

"Objectives and criteria for evaluating the afternoon activities of the two neighbourhood centres (Eli Cohen & Ben Gurion) were defined at a meeting of the professional staff. Twenty-three objectives were designated and devided into four categories. Objectives were defined in behavioral terms with examples so that evaluators could effectively determine if criteria were being met. (Appendix 9)

Attempts to periodically video-tape activities for later viewing and evaluation were unsuccessful, due to several technical difficulties. Specific corners were designated as appropriate for evaluation, but these corners were often devoid of activity at time of video-taping. As the summer turned hotter fewer children turned up for activities, making taping more and more difficult. In the end the evaluation forms were filled out during direct observation in the centres. Following are the results of these observations.:

(a) Child-child interaction

Initiative

(1) Do children initiate their own activities?

(2) Do the children chose play-areas and activities on their own initiative?

../61

The intention is to determine to what extent the children initiate their own activities as opposed to being directed by adults. In the Ben Gurion Centre all ratings were in the "most of the time" category. Children enter, chose activities and change activity at will. No single activity is especially encouraged and the paraprofessional counsellors approach the children where they have chosen to be. In the Eli Cohen Centre one of the observations was conducted during the "Maslul" programme in which children participate only if accompanied by a parent. In this setting the parent is the initiator of activities - story telling accompanied by various visual and audio-visual aids, and didactic games. During the second observation, when the parents were not present, children chose for themselves the majority of activities.

Cooperation (age 5 and over). Do two or more children join together for activity with a common goal? This can be seen as a function of the above. As children are left to take the initiative, child-child interaction is high and doing things together is common.

Mutual Aid

(1) Does one child help another?

(2) Will a child turn to another child for help?

This behavior was observed more frequently in the Ben Gurion Centre and may be a function of necessity. Paraprofessionals in the Eli Cohen Centre tend more to give advice and direction while in Ben Gurion children are left more to themselves and turn to companions for help.

Responsibility

(1) Do older children show responsibility toward younger children?

(a) Do children show responsibility towards siblings?

../62

Again, while this behavior was observed in both centres and can be said to be a result of allowing the children freedom of choice, more responsibility was observed in the Ben Gurion Centre. This is most likely due to the lower level of direct intervention by the paraprofessionals in the Ben Gurion Centre

Independence: Do children solve their own problems unassisted by adult?

Unfortunately this is not an activity which is often actively encouraged either at home or at school so one cannot reasonably except the children to have the necessary skills. As expected, instance, though not unheard of, are rare.

(b) Counsellor - child interaction

(1) Does the counsellor suggest activities to the child?

The objective as stated above is to let the child decide for himself and to lead him to an activity only when he seems unable to choose. This is in effect what actually occurs, as counsellors suggest activities occasionally, but usually allow the child to decide for himself.

(2) Does the counsellor encourage independent activity by the child? This, of course, is a function of the above but to same extent also a matter of ommission rather than commission - that is a result of leaving children on their own. While this occurs, on higher level it would require that the counsellor actively encourage by social reinforcement (praise, attention, etc.) independent activity. This does generally not occur.

(3) Does the counsellor involve herself in conflicts among the children? Ideally we would let children solve their own conflicts, though violent behavior demands the immediate intervention of an adult. There is also a natural (or culturally determined) inclination for adults to try to "help" the children thereby reinforcing dependence on them. The fact that this

../63

occurs only occasionally according to the observations implies that often children solve their own conflicts.

(4) Does the counsellor interfere in the child's activities by

(a) Giving instruction

(b) Giving advice.

The line between helping and interfering is very fine and rests on whether the child is encouraged to complete the task himself or showing him how to do something. Aside from purely technical advice such as explaining rules of a game or behavioral conduct, it is almost always preferable to allow the child to complete a task in his own way, even if the result is less aesthetically pleasing to an adult's eyes. Obviously one of the main intents of the centre's afternoon activities is to provide an environment in which the child is free to explore media under his own direction. Observations show that instruction and advice giving occurs, but exactly what kind cannot be determined retrospectively.

(5) Does the counsellor encourage the child to solve his own problems and or turn for help to another child? This is related inversely to question (3).

Encouragement of this kind occurs but at this time only on a passive level. As mentioned above the non-directed involvement allows leeway for the child to solve his own problems, yet active encouragement of independent problem solving was not observed.

(6) Does the counsellor tell the child what to do and how? This is an extension of question (d), in this case a description of behavior in contradiction to the stated objectives. This behavior was observed, but more so in the Eli Cohen Centre than in the Ben Gurion Centre.

../64

(c) Mother-Counsellor interaction

Does the counsellor initiate contact with mothers? Observation in the Eli Cohen Centre took place under two startly different circumstances with very different results. During the "Maslul" programme contact with mothers is an integral part of the programme and occured frequently. Otherwise very little contact was made in either centre. It should be noted however that very often parents attended the centre on days when it is not required.

(d) Mother-child interaction

1. Is the mother active?
2. Does the mother interfere in the child's activities?
3. Is the mother actively involved in the child's activities?
4. Is the mother involved in activities with other children?

The objectives speak for themselves and are drawn up on the same lines as those for the counsellor, the ideal being non-directive guidance and involvement without interfering with the child's own flow of activities. Again we see the strong difference between routine behavior and behavior while participating in the "Maslul" programme. The counsellors actively encourage the mothers to participate and they both become involved and, as can be expected, interfere at times. When the programme is not in operation there is very little mother-child interaction, because as already mentioned there are very few mothers attending.

In summary, observations suggest that an open environment exists in both centres with children are generally free to choose their own activities within limitations. Differences between the two centres exist, The Eli Cohen Centre's activities being more directed while in the Ben Gurion Centre intervention is less direct.

../65

Results for the "Maslul" programme where mothers accompany their children were very good. In contrast to this on 'regular days' very few mothers show up at all. In addition it was observed that when mothers did show up, rarely was any effort made to encourage them to interact with their children.

Generally speaking, it can be noted that children engaged in independent activity at both centres. The children were free to choose the activity they preferred. The video-taped observations revealed differences between the two Centres: activities at Eli Cohen were more directive while at Ben Gurion there was almost no adult intervention.

3. Creating conditions for the employment of local counsellors.

This objective was also attained in full. The project was planned so that para-professional counsellors, all, residents of Ofakim, who underwent training within the framework of the project's training course, ran the Centres in the morning and afternoon hours and were responsible for both parent and child activities.

D. Implementation of the Work-plan

The two Centres were at the disposal of the public, equipped with games, books, toys and working materials. The para-professional counsellors were at the disposal of mothers and children, and organized a wide range of activities, together with the supervisor.

In the two Centres there were altogether 150 families whose children participated regularly in afternoon activities - 224 children in all.

The following table shows the participation of families, children and parents in Centre activities:

../66

	No. of families	Total No. of children	Average No. of children's visits monthly *	Mother's participation in circles
Ben Gurion	107	156	3	47
Eli Cohen	43	68	5	28

*It should be noted that the average does not give a favourable picture since at each of the Centres there is a nucleus of children who visit on a regular basis as many as 12-16 times monthly, and a periphery of children who attend infrequently.

Participation of children in afternoon activities was very lively. At Eli Cohen some 25 children attended afternoon activities and at Ben Gurion an average of 30 at each activity.

At most of the circles and courses for parents, attendance was regular with an average of 8 parents per activity,(mainly mothers). Only one course - 'You and your child' at the Eli Cohen Centre in the evening was suspended for lack of participants.

In her summary of annual activity, the supervisor proposed that in the coming year greater emphasis be placed on integrating parents in Centre activities.

It is most important to note that in addition to the improvement in community interaction, parents who attended the various circles and courses acquired considerable expertise in education and other spheres.

3. CRITIQUE

a. Examination of Evaluation Instruments.

Current reports: written throughout the period under consideration, included

../67

statistical data, description of activities, names of participants and demographic data. Most of the material was computer - processed to examine various correlations between variables. The current reports provided considerable information.

Video-taped observations: served as an instrument for evaluation of the degree of implementation of the educational approach. In evaluating the use of video two elements should be taken into consideration - the instrument itself and the method of use.

(a) Instrument: the video is a convenient instrument since different people can evaluate the tape at the times convenient to them, thus avoiding technical problems. It is also easier to select the data and hour of filming without having to coordinate it with several observers. But this also causes a certain bias, since when there are few children or uninteresting activities - filming does not take place.

The video tape can be edited, i.e. the observer can watch selected episodes from a certain afternoon's taping in a brief period. Here too the problem of bias emerges since what is sometimes edited out for lack of interest may be important.

Another technical problem is that the camera lens is static and therefore activity taking place outside its range is not filmed.

(b) Method: The questionnaire for evaluating afternoon activity in the Centre through video observation (Appendix 9) is considerably flawed. The main drawback is in the unclear operational definitions.

In order to observe behavior, certain specific patterns of behavior must be checked and these are not clearly defined.

.../68

(1) Is the activity initiated by the children themselves?

The meaning of initiated activity is not defined. The second question attempts to be more specific.

(2) Did the children arrive at the game on their own initiative? But here too there is too much room for the spectator's own conclusions and evaluation and a lack of definition of behavior. Similarly 'help','responsibility' , 'independence' are not operationally defined and the underlying assumption is that the concept is clear to all the evaluators. However, reliability of judges' was not checked.

There are problems of phrasing - two questions are asked simultaneously:

(a) Do the children solve problems alone or turn to an adult? (What is the question?)

(b) Does the counsellor encourage the child to solve problems independently or with the aid of other children (What is the question?)

(c) Is the mother active (or passive)? What is the question?

Despite all these problems the video exposed certain problems, such as excessive directiveness by the para-professional counsellors at the Eli Cohen Centre. However, mainly because of the technical difficulties, it was decided to discontinue the use of video as an instrument of evaluation.

b. Methodology

The evaluation plan was implemented very much as planned. The Counsellors' Self-Assessment Questionnaire and the Supervisor's Assessment Rating scale were filled in twice as planned.

Video observations were also carried out at the predetermined times.

The centre instructors utilized the results during the year in order to make necessary improvements in the Centres.

../69

C. Recommended Changes

a. The method of registering attendance of children and parents at courses is inadequate. New forms should be planned.

b. A solution should be sought to the technical problems of the video.

c. If use of the video is continued, the questionnaire should be improved.

5. SUMMARY

In brief it can be said that activities at the centres were varied, both in terms of the range of subjects offered and the population participating. The operational objectives were achieved to a very large extent. A slight difficulty was observed as regards the ability of the children to engage in independent activity and it is anticipated that the educational activity at at the centres will help on this point in the future.

Use of evaluation instruments proceeded as planned and the supervisors and counsellors received feedback and made the necessary improvements during the year, such as reducing the direction of children at Eli Cohen and fostering counsellors' initiative.

The overall picture is good.

Appendix 1

HOME-VISIT REPORT

Home-visit number _____ Family _____

Date _____ Regular visiting hour _____

Time of visit _____ Name of counsellor _____

Duration of visit _____ Name of child _____

Present at time of visit _____ Age of child _____

1.Objective of activity: _____

_____

2.Activity: _____

3.Materials required: _____

_____

3.Description of activity: _____

_____

_____

5.Comments: _____

_____

6.Suggestions for next home visit: _____

_____

7.Mother's reactions:

	Very much	much	some	little	very little
Cooperative initiative participation in activity					

8.Reaction of other family members: (siblings, grandparents, etc.)

.../71

Appendix 1 a.

QUESTIONNAIRE FOR FAMILIES PARTICIPATING IN THE HOME INTERVENTION PROGRAMME

1. ADDRESS: _____ Block: _____ Apt: _____

2. NAME: FATHER: _____ MOTHER: _____

Year of birth: _____ _____

Year of immigration: _____ _____

Country of origin _____ _____

Occupation: _____ _____

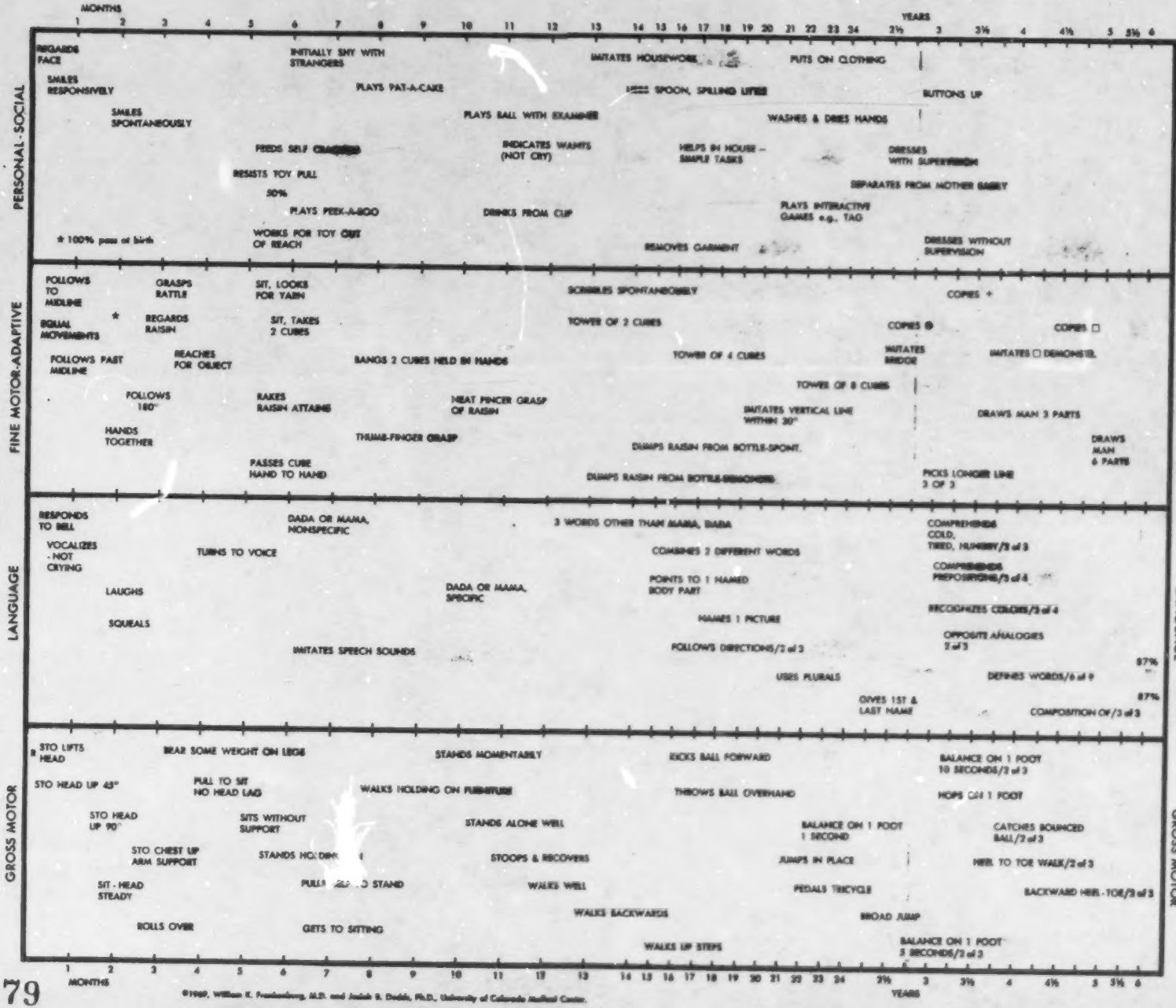
Education: _____ _____

Language spoken in home: ____ _____

3. CHILDREN:

Name	Birth	occupation	place of study or work; grade	activities during-after school hours

4. Additional members of family living in home: _____



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DENVER DEVELOPMENTAL SCREENING TEST

STO. = STOMACH
SIT = SITTING

PERCENT OF CHILDREN PASSING
25 50 75 90

May pass by report — Parent's Wks. — See back of form

Test Item

Date
Name
Birthdate
Hosp. No.

BEST COPY AVAILABLE

Appendix 3

Educational Needs Assessment:
Inventory of Parent Behavior

	No opportunity to observe	Never	Seldom	Sometimes	Usually	Always
	0	1	2	3	4	5
Relationship to Home Visitor						
1. Shares feelings and concerns about herself and family easily with home visitor.	0	1	2	3	4	5
2. Is receptive to home visitor's suggestions	0	1	2	3	4	5
3. Follows through on suggested activities	0	1	2	3	4	5
4. Feels comfortable with home visitor even when things go wrong	0	1	2	3	4	5
5. Initiates or suggests at least one activity during visit	0	1	2	3	4	5
Emotional Concerns						
1. Is comfortable with and enjoys child most of the time	0	1	2	3	4	5
2. Voice and behavior conveys her feelings clearly and unambiguously to the child.	0	1	2	3	4	5

Developed by Training Programme
for Home Intervention
DARCEE, Peabody College
Preliminary Version, 1-14-74

../74

	No opportunity to observe	Never	Seldom	Sometimes	Usually	Always
	0	1	2	3	4	5
3. Shows sensitivity to individual child's temperment and mood changes (e.g., activity level, response to stress, adaptability, distractibility).	0	1	2	3	4	5
4. Interprets feelings experienced by child and helps the child to understand and deal with them	0	1	2	3	4	5
Behavior Management						
1. Structures the environment to minimize troublesome situations: e.g. remove hazardous items from play area; makes some play materials easily obtainable.	0	1	2	3	4	5
2. Uses method of redirecting child's attention to more appropriate activities as form of behavior management.	0	1	2	3	4	5
3. Generally is able to ignore infractions.	0	1	2	3	4	5
4. Communicates her expectations for child's behavior clearly.	0	1	2	3	4	5
5. Explains reasons behind family rules.	0	1	2	3	4	5
6. Communicates approval of appropriate behavior to the child both verbally and non-verbally.	0	1	2	3	4	5
7. Uses punishment appropriate to the age of the child and the misbehavior.	0	1	2	3	4	5

..175

	No opportunity to observe	Never	Seldom	Sometimes	Usually	Always
8. Parent's feedback to the child refers to specific behaviors of the child as well as to more general characteristics of the child, e.g., "You put away your toys very well" rather than 'You're a good boy," "It hurts your brother when you hit him," rather than simply "You are a bad boy."		0	1	2	3	4	5
Use of Language							
1. Maintain eye-to-eye contact when talking to child.		0	1	2	3	4	5
2. Talks to child informally during the day.		0	1	2	3	4	5
3. Responds verablly to child's vocalizations and verbalizations		0	1	2	3	4	5
4. Provides varities of language stimulation in the home (e.g., stories, songs, rhymes).		0	1	2	3	4	5
5. Tailors her language to the child's language comprehension level when explaining and directing.		0	1	2	3	4	5
6. Provides appropriate labels to child for objects, activities and feelings.		0	1	2	3	4	5

../76

	No opportunity to observe	Never	Seldom	Sometimes	Usually	Always
Organization of the Child's Environment						
1. Bed, meal, and naptime routines are relatively consistent.		0	1	2	3	4	5
2. Limits the use of the T.V.		0	1	2	3	4	5
3. Provides appropriate play materials for each child.		0	1	2	3	4	5
4. Provides special place for children's toys and treasures.		0	1	2	3	4	5
5. Provides some individual time for each child each day.		0	1	2	3	4	5
Teaching style						
1. Tailors the activity and her instructions to the developmental level of the child.		0	1	2	3	4	5
2. Elicits child's attention before beginning an activity.		0	1	2	3	4	5
3. Breaks down an activity into steps manageable to each child.		0	1	2	3	4	5
4. Allows child to explore an object fully before asking him to do something specific with it.		0	1	2	3	4	5
5. Demonstrates task for child.		0	1	2	3	4	5
6. Uses specific cues (e.g., color shape, location) and questions during activity.		0	1	2	3	4	5

../77

	No opportunity to observe	Never	Seldom	Sometimes	Usually	Always
7. Responds to questions, observations, and interests iniated by child.	0	1	2	3	4	5
8. Adapts or changes activity when child appears bored or frustrated in order to provide a successful experience for each child.	0	1	2	3	4	5
9. Is able to handle transition from one activity to the next easily, e.g., gives child time to terminate one activity before beginning another.	0	1	2	3	4	5
10. Uses same material or situation to teach different skills with different age children.	0	1	2	3	4	5
11. Uses household activities for learning experiences, e.g., meal-time, washing clothes, etc.	0	1	2	3	4	5
12. Uses common household materials to develop playthings for children	0	1	2	3	4	5

../78

Para-Professional Counsellors' Self-Assessment Questionnaire

Code No.....

Date .....

Within the framework of Project Education and Community we are evaluating the objectives and operations of project programmes and activities. Each group of individuals connected with the project or some aspect of it is being asked to evaluate the area in which they are involved.

Evaluation data is confidential, and neither names nor identifying information will be disclosed.

You are requested to read the questions carefully and answer them according to your opinions.

Mark the answer closest to your own opinion.

Please answer all the questions.

A. The following cluster of questions refer to the role you are filling in the project. Read the questions and mark the answer closest to your own opinion.

1 = not at all (or never)
2 = barely
3 = sometimes
4 = usually
5 = very much (or often)

1. To waht degree do you feel your task to be clear to you?
2. To what degree is the task (of para-professional counsellor) clear to the other counsellors?
3. To what degree is the task clear to project supervisors?
4. To what degree is the task clear to the people with whom you work (clients)?
5. To what degree do you find the task difficult?
6. To what degree do you derive satisfaction from your work?

To what degree do you consider your work to be useful:

7. To the families in your care? 8. To the mothers whom you counsel?
9. To the children in your care?
10. To what degree do you feel yourself to be successful in your role?

To what degree does the project contribute to:

11. The children 12. The mothers 13. The families 14. Ofakim.

../79

B. The following cluster of questions refer to your general feelings. Mark the answer closest to your opinions/feelings.

15. I believe myself to be a worthy individual, at least in comparison with others.

16. I believe myself as having some good qualities.

17. I tend to consider myself a failure.

18. I can accomplish things as well as most other people.

19. I feel that I do not have much to be proud of.

20. I have a positive opinion of myself.

21. On the whole I am satisfied with myself.

22. I would like to have a better opinion of myself.

23. Sometimes I feel myself to be useless.

24. Sometimes I feel that I am worthless.

C. Read the following questions and respond according to your feelings. Choose the answer closest to your opinion.

1. People like myself can change Ofakim.

2. Changes in the life here depend more on us than on people from outside.

3. There are enough people in Ofakim who can effect changes and help the town.

4. Life in Ofakim can be as good as in any other place in the country.

5. I can influence the quality of life in Ofakim.

6. I believe that the educational level in Ofakim can be improved.

7. I believe that the economic life of Ofakim can be improved.

8. I believe that the level of employment in Ofakim can be improved.

9. I believe that the quality of political life in Ofakim can be improved.

10. In comparison to the past, I feel that the future of Ofakim will be better.

../80

Appendix 5

Code Number:

Date :

Name of Supervisor:

SUPERVISORS' ASSESSMENT RATING SCALE

(Assessment of Para-professional counsellors' performance)

Rate the following qualities according to the given scale:

	Always	Usually	Sometimes	Rarely	Never
1. Initiative					
2. Flexibility					
3. Openess (Receptivity)					
4. Sensitivity to others					
5. Independence					
6. Responsibility					
7. Written communication skills					
8. Verbal Communication skills					
9. Personal appearance					
10. Professional ethics					
11. Intra-staff relations					
12. Work ethic					

../81

Criteria for assessment

1. Initiative: suggests solutions to problems, proposes new ideas, activities, etc., independently; implements goal-oriented tasks in manner beyond stated operative task-definitions and instructions.

2. Flexibility: is able to move beyond pre-defined boundaries; is able to adapt attitudes and behaviour to changes in situation.

3. Openess: open to different opinions; willing to try new experiences; receptive to new ideas; accepts others.

4. Sensitivity to others: sensitive to others responses and reactions; considerate of others; lintens to others.

5. Independence: able to perform role/tasks without help and support from others able to make independent decisions.

6. Responsibility: performs role/tasks as defined.

7. Written communication skills: able to express ideas clearly.

8. Personal appearance: neat, clean, dresses according to accepted social norms.

9. Professional ethics: discreet; does not reveal personal information or secrets; does not interfere in areas outside her jurisdiction or involvement.

10. Inter-staff relations: cooperates with others; willing to help others; does not gossip about others.

11. Work ethics: punctual, carries out task with devotion; makes maximal use of work time.

../82

Appendix 6.

Code number :

Date :

MOTHERS' SELF - IMAGE RATING FORM

This form is meant to assess the self-image of mothers participating in the EMRA programme.

The questions are to be read out loud by the interviewer, and the mother's responses written on the form. In some questions the mother will be asked to rate her opinion/attitude according to a numerical scale.

The question should be read out loud as worded. If further explanation is requested, it should be given in words which will not distort the questions' content.

1. Do you have friends on whom you feel that you can depend? If so, how many?

   no - yes: 1 2 3 4 5 6 or more

2. Do you have friends who consult with you and ask your advice?

   no - yes: 1 2 3 4 5 6 or more

3. What kind of advice do they ask of you? _____

   _____

   _____

4. Do you feel that you are able to influence your children's success in pre-school/school?

   no somewhat much very much

6. Do you feel that you can influence your children's future?

   no somewhat much very much

   why do you feel so? _____

   _____

7. When you compare yourself with your neighbours, do you feel that you are more successful than they are, about the same, or less successful?

   more the same less

   why do you feel so? _____

../83

8. Do you feel that you are successful in life?
   no a little much very much
   why do you feel so? _____
9. How do you think that your family esteems you?
   _____
10. How do you think that your neighbours esteem you?
    _____
11. Are you satisfied with yourself?
    no a little much very much
12. Do you feel that you have control over your life?
    no a little much very much
    why do you feel so? _____
    _____

How do you rate yourself on the following:

	not good	fair	good	very good
13. housewife				
14. mother				
15. wife				
16. resident of Ofakim				
17. neighbour				

18. I feel that life is now easier for me:
    no a little much very much
19. I feel that I am as good a person as others:
    no a little much very much
20. I feel I have a reason to be satisfied with myself:
    no a little much very much
21. I feel that I can do things as well as other people:
    no a little much very much
22. I think that I am a good person:
    no a little much very much
23. I feel that I contribute to society:
    no a little much very much
24. In conclusion, what do you feel that you are most lacking today?
    _____

../84.

Appendix 7

EDUCATION AND COMMUNITY DEVELOPMENT PROJECT
OFAKIM, ISRAEL

EVALUATION PROGRAMME
PHASE II : 1981-1983

CONTENTS

1. Introduction
2. Overall Project Evaluation
3. Sub Project I : The EMRA Home-intervention Programme
4. Sub-project II: The Neighbourhood Family Guidance Centres
5. Sub-project III : Play-corners and Parent Education Programme in Pediatric Clinics.
6. Sub-project IV: The Tutorial Programme
7. Sub-project V : The Early Childhood Resource and Training Centre (in preparation)
8. Sub-project VI: The Ten-age Girls' Centre (in preparation)

../85

Introduction

The evaluation programme has been planned with the assistance of the project's field team and organized in its present form by the evaluation team. The programme is divided into sections, each dealing with one of the project's sub-projects.

The evaluation programme consists of the following components:

(1) Objectives: as defined by the field-team responsible for the sub-project under consideration.

(2) Criteria: defined by the field-team in cooperation with the evaluation team.

(3) Evaluation instruments: chosen or designed by the evaluation team according to need.

(4) Evaluation schedule: determined by the nature of the activity to be evaluated (i.e., home-visit records are filled out after each home visit) and by methodological considerations.

The evaluation strategy comprises 4 variables:

(1) short-range evaluation

(2) long-range evaluation

(3) formative evaluation

(4) summative evaluation

Annual summative evaluations (up to the final summative project evaluation at end of Phase II) will be conducted at 2 levels:

(a) discrete evaluation of each sub-project in accordance with its specific objectives;

(b) overall project evaluation in accordance with the overall aims of the project, including the contribution of each sub-project towards the realization of overall project aims.

../86

The evaluation programme requires that the following conditions be met:

(1) Sub-projects are expected to function according to their pre-determined objectives.

(2) Modifications or changes, if called for, will be implemented only after their effect on the evaluation programme has been considered. This should not be interpreted to mean that evaluation in any way determines the course of project implementation.

(3) Criteria may be elaborated and added to.

(4) Evaluation instruments may be added if need arises, and in accordance with the type of evaluation called for.

(5) Evaluation instruments will be administered according to pre-determined schedule. Interim evaluation reports will provide the basis for formative evaluation.

(6) Summative evaluations will be conducted annually.

In the event that new sub-projects are planned, objectives, criteria for evaluation and evaluation instruments will be determined and selected by the sub-project team and the evaluation team.

Project field-teams will be familiar with the evaluation programme and will have copies of the evaluation schedule. They will participate in administering the evaluation instruments and will be provided with periodic feed-back in the form of interim reports (formative evaluation) to guide them in their work.

It should be stressed that as long as they remain unchanged, sub-project objectives are binding for project teams. Reliable evaluation demands that project activities follow the directions determined by project objectives. However, evaluation is not of itself a project aim; thus evaluation should subserve project objectives, and not vice-versa.

../87

OVERALL PROJECT EVALUATION

Objectives	Criteria	Evaluation Instrument	When Administered
I. IMPROVED COMMUNITY SELF-FUNCTIONING	I. 1. Level of participation of community members in: a. definition of collective needs b. initiation/planning of activities c. organization of resources d. decision taking/implementation e. management of activities	I. 1. activity logs and minutes of management committee of project and other bodies 2. Questionnaires administered to organizations outside the community 3. survey of 'functionaries'	I. 1. Ongoing regular meetings 2. December 1981 3. December 1981
II. IMPROVEMENT OF COMMUNITY EDUCATION SYSTEMS	II. 1. establishment of community educational frameworks. 2. development of support-systems for community educational frameworks 3. level of interaction between: a. parents - educators b. community educational frameworks and other organizations in community 4. level of participation (degree, extent, frequency) in activities by: a. adult in community b. children	II. 1. logs and reports 2. sub-project data and reports 3. " " " " " 4. " " " " "	II. 1. December 1981, parallel to annual sub-project evaluation. 2. " 3. " 4. "
III INSTITUTIONALIZATION	III 1. establishment of formal frameworks (neighbourhood committees, family centre committees, management committee of project, etc.) 2. adoption of appropriate norms and processes	III 1. logs and minutes of meetings of institutions 2. survey of 'functionaries'	III. 1. " 2. "

/88

SUB-PROJECT I : THE EMRA HOME-INTERVENTION PROGRAMME

OBJECTIVES	CRITERIA	EVALUATION INSTRUMENT	WHEN ADMINISTERED
I CHILD: HEALTHY AND NORMAL DEVELOPMENT	I 1. Sensory-mother development 2. cognitive development 3. affective-social development	I Denver Developmental Rating Scales	I February/May September 1981
II MOTHER: IMPROVED PARENTAL FUNCTIONING	II 1. interaction with child: a. plays/initiates activities b. talks, etc. with child c. encourages experimentation	II 1. Darcee Educational Needs Assessment Inventory of Parent Behavior	II 1. After every 8 home visits
	2. acquisition/enhancement of knowledge 3. quality/level of parenting behaviors	2. home-visit reports	2 Ongoing: after weekly home-visit
III MOTHER: INVOLVEMENT IN COMMUNITY ACTIVITIES	III 1. self-image 2. participation in community activities (active and passive)	III 1. Self-Image Rating Scale 2. statistical data	III 1. April/September 1981 2. ongoing logs and records
IV HOME VISITOR: AGENT FOR IMPROVED PARENTAL FUNCTIONING	IV 1. transfer of knowledge 2. guidance in application of knowledge 3. behavior modelling	IV 1. supervisors' assessment	IV 1. March/June 1981
V INSTITUTIONALIZATION OF HOME VISITING ROLE	V 1. standardization of processes for recruitment and of home-visiting procedures	V 1. supervisors' assessment including observation of home-visit.	V 1. April/August December 1981
	2. level of performance and coping with demands of role	2. self-assessment	2. April/December 1981
VI DEVELOPMENT OF EARLY-CHILDHOOD CURRICULUM FOR USE IN HOME-VISITING AND OTHER SUB-PROJECTS	VI 1. suitability of curriculum to needs	VI 1. content analysis and evaluation of suitability by supervisors and home-visitors.	VI end of 1981

SUB-PROJECT II: NEIGHBOURHOOD FAMILY GUIDANCE CENTRES (ELI COHEN AND BEN-GURION CENTRES)

OBJECTIVES	CRITERIA	EVALUATION INSTRUMENT	WHEN ADMINISTERED
I DEVELOPMENT OF COMMUNITY ACTIVITY AT NEIGHBOURHOOD LEVEL	I 1. level of participation of parents and children a. number of participants b. frequency of participation c. distribution in neighbourhood.	I. 1. statistical data and logs	I 1. daily record + log weekly report
II PARENTAL SELF-FUNCTIONING	II 1. initiation of activity 2. organization of activity 3. establishment and ongoing functioning of committee 4. participation in activities with children 5. organization and running of children's activities	II. 1. participant evaluation questionnaire (sample of population) 2. records and logs (weekly) 3. weekly reports	II 1. April 1981 September 1981 2. daily/weekly
III CHILDREN'S SELF-FUNCTIONING	III 1. initiative in play 2. self-activation 3. cooperative effort	III. 1. observation and recording (video)	III 1. 3 samples tri-monthly intervals
IV PARA-PROFESSIONAL STAFF'S INITIATION/ACTIVATION/ ORGANIZATIONSUPERVISION OF ACTIVITIES	IV 1. implementation of planned and supervised programme 2. involvement of parents in activities 3. recruitment of parents for participation in centre activities.	IV. 1. supervisor's assessment schedule 2. para-professional counsellors self-assessment schedule	IV 1. April/August December 1981 2. March/July December 1981

-54-

SUB-PROJECT III: PLAY-CORNERS AND PARENT EDUCATION PROGRAMME IN PEDIATRIC CLINICS

OBJECTIVES	CRITERIA	EVALUATING INSTRUMENT	WHEN ADMINISTERED
I STIMULATION OF PARENT TOWARDS IMPROVED PARENTING BEHAVIOR	I 1. provision of ideas	1. Para-professional counsellors' daily log	1. ongoing-daily
II DISPENSAL OF INFORMATION	II 1. instructions for play and activities with child		
	2. provision of relevant literature	2. assessment by clinic professional staff	2. April/September 81
	3. encouragement of parents' activities, thought and discussion in area of education	3. supervisor's assessment	3. April/August/ September'81
	4. encouragement of parent to participate in project activities.	4. observation and recording (video)	4. 3 samples tri-monthly intervals.
	5. encouragement of parent to interact with child in variety of ways.		
	6. encouragement of parent to come to grips with problems and try to resolve them.		
III PROVISION OF PLAY FACILITIES FOR PARENT-CHILD INTERACTION	III 1. provision of toys, games, etc. to parent by counsellor		
	2. encouragement of parent ot play with child		
	3. organization of space in clinic		
IV PROVISION OF ROLE-MODEL FOR APPROPRIATE PARENT-CHILD INTERACTION	IV 1. direct involvement in parent-child interaction by para-professional counsellor		

SUB-PROJECT IV : TUTORIAL PROGRAMME

OBJECTIVES	CRITERIA	EVALUATION INSTRUMENT	WHEN ADMINISTERED
I ESTABLISHMENT OF LEADERSHIP ELITE AMONG LOCAL HIGH-SCHOOL YOUTH	I 1. initiative 2. responsibility 3. assistance to others 4. ongoing and regular participation 5. role model	I 1. supervisors' assessment 2. self-ssessment 3. statistical data and reports	I 1. April/September 1981 2. April/September 1981 3. ongoing
II ENRICHMENT OF TUTOR	II 1. improved overall functioning 2. improved self-image	II 1. supervisors' assessment 2. self-assessment	II 1. as above 2. as above
III IMPROVED FUNCTIONING OF TUTORED CHILDREN	III 1. improved affective-social functioning 2. enhanced self-image 3. improvement in school work 4. ongoing and regular participation	III 1. tutor's assessment 2. teachers' assessment	III 1. end of school year 1981 2. as above

Appendix 8

EVALUATION OF VIDEO-TAPED ACTIVITY IN CLINIC PLAY-CORNERS

Code Number:

Date of observation:

Length of Observation:

1. from.....to .....
2. from .....to .....
3. from .....to .....

Date of evaluation:

Evaluator:

PARA-PROFESSIONAL COUNSELLOR:

1. initiates conversation with parents re-stimulation of child, demonstrates toys and activities, provides instruction and ideas.
2. distribute literature to parents.
3. distributes toys and games to parents and encourages play with child.
4. aranges stimulating play environment, promotes parent-child play.
5. offers positive role-model for parent-child interaction.
6. participates in parent-child interaction and play

	OBSERVATION 1					OBSERVATION 2					OBSERVATION 3				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

0 = not at all
1 = rarely
2 = sometimes
3 = often
4 = usually

PARENT

1. is actively involved with child.
2. interferes in child's play.
3. is positively involved in play with child.

OBSERVATION 1					OBSERVATION 2					OBSERVATION 3				
0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

- 93 -

46/...97

Appendix 9

EVALUATION OF VIDEO-TAPED AND OBSERVED ACTIVITIES IN THE NEIGHBOURHOOD CENTERS

Code Number:

Date of observation:

Time of observation:

1. from ..... to .....
2. from ..... to .....
3. from ..... to .....

Date of evaluation:

Evaluator:

	OBSERVATION 1					OBSERVATION 2					OBSERVATION 3				
	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
I. CHILD-CHILD INTERACTION															
A. Initiative															
1. Do children initiate their own activities?															
2. Do children chose play-areas and activities on their own initiative?															
B. Cooperation (ages 5+)															
1. Do two or more children join together for an activity with a common goal?															
C. Mutual Aid															
1. Does one child help another?															
2. Will a child turn to another child for help?															

0 = never
1 = rarely
2 = sometimes
3 = frequently
4 = usually

- 94 -

56/..

D. Responsibility

1. Do older children show responsibility towards younger children?
2. Do children show responsibility towards siblings?

E. Independence

1. Do children solve their own problems unassisted by adults?

II COUNSELLOR -CHILD INTERACTION

1. Does the counsellor suggest activities to the child?
2. Does the counsellor encourage independent activity by the child?
3. Does the counsellor involve himself in conflicts among the children?
4. Does the counsellor interefere in the child's activities by
   a) giving instructions
   b) giving advice
5. Does the counsellor encourage the child to solve his own problems or turn for help to another child?
6. Does the counsellor tell the child what to do and how?

OBSERVATION 1						OBSERVATION 2						OBSERVATION 3					
0	1	2	3	4		0	1	2	3	4		0	1	2	3	4	

III MOTHER-COUNSELLOR INTERACTION

1. Does the counsellor initiate contact with the mothers?
2. Does the counsellor encourage the mother to involve herself in activities with her child or with other children?
3. Does the counsellor involve herself in conversation with mothers, domonstrate activities?
4. Does the counsellor offer games, books, or toys to the mothers?
5. Does the counsellor act as a role-model of positive adult-child interaction?

IV MOTHER-CHILD INTERACTION

1. Is the mother active (or passive)?
2. Does the mother interfere in the child's activities?
3. Is the mother actively involved in the children's activities?
4. Is the mother involved in activities with children other than her own?